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ABSTRACT

One of 10 documents developed for preschool programs for handicapped children, the project manual for the Preschool Program of the Putnam/Northern Westchester (NY) Board of Cooperative Educational Services provides program teachers with policies, procedures, and forms. Materials are divided into seven categories: administration and management, teacher responsibilities, services to children, services to parents, staff development, demonstration and dissemination, and evaluation/placement. Typical section contents are the following for the section on services to parents: a statement on parent goals, a parent needs assessment, a parent orientation procedures and packet, sample schedule of parent meetings, parent questionnaire on visit to classroom program, parent group meeting questionnaire, parent satisfaction questionnaire, parent volunteer system description, and parent volunteer system questionnaire. Appendixes include such information as proposed legislation and the text of the Family Court Act, a list of special education books available to preschool staff, and staff publications. (DB)

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THE PRESCHOOL PROJECT MANUAL:

Author Entry: Toole, Amy L. -

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Preschool Program: A Regional Demonstration Program for Preschool Handicapped Children

EC142482

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PROJECT MANUAL

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NOTE TO STAFF MEMBERS:

The purpose of this manual is to provide the preschool staff member a general understanding of the preschool program and its operatinnal plan. The answers to concerns and questions which are generated throughout the school year are available by referring to this manual. Please look through it, and keep it in a handy place in your classroom.

Wishing you a most successful, productive, and enjoyable year with the children and their parents.

Amy

PART I - ADMINISTRATION & MANAGEMENT

To operate a successful service program, the program must first formulate the rationale for providing such services and specify the goals it hopes to accomplish. Delination of responsibility including an organizational chart and job descriptions facilitates the flow of communication and distribution of the work load. Personnel policies for this project are the same as for all other employees of Putnam/Northern Westchester BOCES.

A. Program Rationale-Philosophy
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PUTNAM/NORTHERN WESTCHESTER BOCES

PRESCHOOL PROGRAM RATIONALE FOR SERVICES

The Putnam/Northern Westchester BOCES Preschool Program bases its activities and curriculum on two premises. The first is that early childhood education is extremely important and worthwhile for handicapped youngsters in order to develop to their maximum potential. The second premise is that teaching the family to work with the child aids in the more rapid development of the child and the acceptance of the handicapped child into the family.

Program activities are based on validated information regarding approaches for working with handicapped children and their families.

The intervention model is built upon a model of intensive individualized learning activities held within a highly structured setting and enriched by the intermeshing of a parent program. The model is founded upon the belief that the child and his family must be worked with as a unit, and that the family, as well as the child, must be aware of their goals and responsibilities. For this reason, a transdisciplinary team observes and works with the child and the family simultaneously. The child's skills are assessed in a developmental framework. The team and family examine the relationship of the child's skills, the causes of the handicap, the role of the family members in working with the child, and any contributing emotional factors which may have been caused by or related to the handicap, in order to arrive at an Individualized Educational Plan for each child. This plan is based on all factors which might be related to the child's growth and development. It is followed daily through the process of a structured routine so that the child, if possible, has clear expectations and is aware of his goals, and so that parents can learn more about their child through observation and working with him and others in the classroom environment. Curriculum materials are drawn from a variety of early childhood materials, based on individual student needs. It is this program's belief that it is not the material per se, but the individualized approach which creates improvement in skills. For this reason, a daily schedule and individual goals are posted and followed. Individual small and large groups are planned to specifically match IEPs. Parents are used as volunteers to aid in the individualization and clinical team members function as consultants to teachers for improving individualization.

Parent groups are held on a regular basis for discussion of specific topics and IEP review meetings are held regularly. Parents are integrally involved in their child's program in order to gain knowledge about their child and the skills necessary to work with their child at home. An observation system and a parent volunteer system is emphasized as well as parent prescriptions for working with their child at home.

This total holistic approach to working with the child and his family allows the child to then participate in the school program most appropriate for his needs in the least restrictive environment upon reaching school age.

BOARD OF COOPERATIVE EDUCATIONAL SERVICES
Putnam/Northern Westchester Education Center
Yorktown Heights, New York 10598

PRESCHOOL PROGRAM FOR CHILDREN WITH SPECIAL NEEDS

The Board of Cooperative Educational Services of Putnam/Northern Westchester Counties operates an Early Childhood Program for Children with Special Needs. The program is administered by the Special Education Department serving the component school districts in the Putnam/Northern Westchester area. Parents petition Family Court of the county in which they live to receive approval for the education of their child. Cost of tuition and transportation, if approved, is provided jointly by the State Education Department and the county. Funds are also provided from the Bureau of Education for the Handicapped in Washington D. C. The latter funds have been made available in order to develop a demonstration site where programming methods and curriculum are developed and disseminated.

The children who are served show delayed development in one or more of several areas. These include language, speech, movement, thinking skills, hearing, vision, and social adjustment problems. Youngsters are also served who exhibit more severe handicapping conditions. The program has several components: Search, Screening, Service, and Parent Involvement.

SEARCH -Preschool children are not typically referred by districts as are school age children. Direct referrals are made by social agencies, medical institutions, public health nurses, physicians, nursery school teachers, parents and relatives, as well as school district personnel.

SCREENING AND DIAGNOSIS -Parents who have any questions at all about their child's development, or would just like reassurance that their child is developing normally, may have their child screened by calling the Preschool Program secretary and setting up an appointment. Arrangements for screening may also be made through any agency. When the parent and child come for the screening, a parent interview and basic testing to indicate the strengths and weaknesses of the child are administered by the Preschool Program staff. The results of this screening are presented to the Preschool Program screening committee and a decision is made at that time as to what would be the most appropriate help for the parent and child. This information is then communicated to the parent by one of the staff. A parent may be told that his child passes the screening, that further diagnostic information is needed, that another agency might serve the child's needs, or that this BOCES Preschool Program seems appropriate. If the child is appropriate for the program, the program and the process for applying for it are explained to the parents and further assesment is scheduled.

SERVICE -There are two components in the program - the classroom program and the home teaching program. The classroom program is open to three and four year old children. Classes are held in Peekskill, Mahopac and Yorktown. There are approximately ten children in each class, which meets either in the morning or afternoon for five one-half days each week. In the classroom a program is designed to capitalize on each child's strengths and improve his weaknesses. An individualized educational program (IEP) is prepared from the information about

the child. The program includes group activities and individual help in the areas of self-help skills, language learning, fine and gross motor development, socialization and cognition.

-The home teaching program serves children from birth to five years of age. It provides home trainers, each of whom visits 10 to 15 children in their homes weekly. A child may be placed in this program for various reasons. One very important advantage of the home teaching program is that through work with the parents, who then teach the child, the parents learn more effective parenting and teaching skills. Another advantage of the home teaching program is that learning is occurring in the natural home environment. The home program allows time in the child's routine for attendance at regular nursery school, if appropriate. Sometimes the home trainer works with the nursery school teacher in establishing the most beneficial program for the child.

Parents may attend the monthly parent meetings held by the classroom programs. These meetings provide parents with the opportunity to meet other parents who also have children with handicapping conditions. Parent and child attendance at these meetings allow the home trainers to observe the behavior in each child in a group situation and allow parents from both the classroom and home teaching programs to share their experiences and learn more about other services offered.

The entire staff meets weekly to discuss individual problems and to share information. Once a child leaves the Program to attend regular nursery school, kindergarten, or special classes, a staff member follows his progress by making school and parent contacts for at least one year in an effort to insure adjustment and success for the child.

PARENT PROGRAM -Parents are involved in a variety of ways in the program. These include:

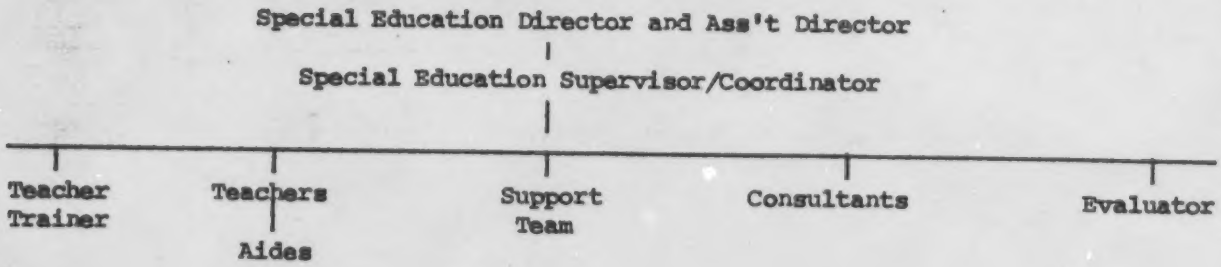
1. Attendance and input at IEP planning sessions.
2. Parent monthly group meetings.
3. Parent participation in writing and teaching their child through use of parent prescriptions developed with staff.
4. Parents are requested to observe their child in the classroom and provide input to the teacher.
5. Parents are requested to volunteer their services in the classroom and to have a better understanding of the classroom routine and an understanding of their child's skills within the classroom program.

For additional information about the BOCES PRESCHOOL PROGRAM, please contact:

Ms. Amy L. Toole, Supervisor
Preschool Program for Children with
Special Needs
Board of Cooperative Educational Services
Putnam/Northern Westchester Education Center
Yorktown Heights, New York 10598
Telephone: (914) 245-2700, Extension 394

EARLY CHILDHOOD PROGRAM

Organizational Structure



PROCEDURES FOR INFORMED CONSENT, DUE PROCESS AND ASSURANCE OF CONFIDENTIALITY:

Since this is not a State mandated service, the children in this program will not necessarily be reviewed by their local district Committees on the Handicapped. Therefore, information which is received from other agencies through this project or through this project's own testing, is not shared with the school districts unless a release is signed by the parents. The parents have a right to see the records on their child by making an appointment with the project coordinator, who will review all records and give the parents copies of whatever items they request. Records are not open to anyone but the project staff and are not shared with any other person or agency unless a release form is signed for this purpose. If the parent questions the program or placement of the child, they should plan a meeting of the evaluation team and teacher; if still dissatisfied, they should appeal to the Coordinator, and then to the Director, if necessary. They also have the right to withdraw their child from the program since the child is not of mandated school age. To accomplish this, a withdrawl form is used.

IEP's are written on each child with the participation of the parents, within 30 days of entry into the program.

JOB DESCRIPTION:

Director
COORDINATOR

General:

1. Provide instructional leadership for the Regional Demonstration Program serving children from birth to age five.
2. Continuously appraise, evaluate and work to improve these special educational services.
3. Develop and implement appropriate curriculum revisions for the pre-school program.
4. Conduct the development and implementation of individualized instruction plans for each pre-school child.
5. Assist teachers and pupils in crisis situations and assist in preventative, supportive and advisory roles to avoid crisis situations.
6. Coordinate consultative services to enable continued professional development among pre-school personnel.
7. Develop cooperatively with area universities and demonstrate a field experience designed to prepare physical therapists to work with pre-school children in a public school setting.
8. Develop and demonstrate support services which will assist area pre-school programs, nursery schools and day care centers to integrate handicapped children into their programs.
9. Involve BOCES Staff and local district staff in the development of each handicapped child's specific program to insure that the child's placement upon reaching school age is in the least restrictive environment and that the transition is made as smoothly as possible.
10. Increase the effectiveness of parents in facilitating the development of their handicapped children.
11. Develop curriculum materials for pre-school handicapped children.
12. Implement a thorough search of the Putnam/Northern Westchester BOCES area to identify pre-school children with handicapping conditions and special needs.

13. Develop and supervise screening and diagnosis for children referred to program.
14. Coordinate intake and release of all children in program.
15. Supervise and coordinate parent training.
16. Provide supervision for a home trainer for certain pre-school children.
17. Coordinate and articulate the pre-school program with other special education and BOCES programs.
18. Develop and demonstrate a service delivery model that may be observed by interested educators, parents, legislators and other community leaders.
19. Perform all of the above functions and duties subject to addition, revision and approval by the Director of Special Education.

Personnel:

20. Recruit and participate in the selection of pre-school personnel.
21. Orient and provide first-line direction, supervision and evaluation of personnel.
22. Develop objectives with each professional staff member.
23. Run workshops for staff on curriculum and educational planning.

Communications:

24. Maintain close working relationships with parents and community agencies responsible for the education of the handicapped.
25. Maintain close working relationships with local district personnel.
26. Maintain close working relationships within BOCES with the Director and Assistant Director, the BOCES central administration.
27. Interpret the pre-school programs to parents, constituent school districts and the public.
28. Provide consultation and assistance to other intermediate units and local school systems which choose to adopt the service delivery model.
29. Act as liaison with agencies interested in pre-school education of the handicapped.
30. Develop, organize and maintain an advisory council to the pre-school program.

JOB DESCRIPTION:

PHYSICAL THERAPIST

1. To participate in the intake assessment of new referrals and advise staff and parents as to specific implications and recommendations.
2. To perform a physical motor assessment on any student who is considered a candidate for Physical Therapy.
3. To make referrals to appropriate agencies and other sources for Physical Therapy students.
4. To supervise students enrolled in College Training program in Physical Therapy.
5. To evaluate the need for and determine the proper rehabilitation equipment needed by a student to improve his-her function within the educational environment.
6. To assist the student in utilizing appropriate equipment for maximum functioning.
7. To maintain proper records and recommendations.
8. To ensure the necessary and appropriate communication with the community by functioning as a liaison with the medical follow-up facility (in conjunction with school nurse).
9. To interpret and translate into functional terms for staff the therapy and/or medical reports received on students.
10. To assist the staff in the development of the general therapeutic-physical environment which is necessary to meeting the total needs of the students.
11. To participate in curriculum development, with emphasis being on incorporating and maintaining the therapeutic perspectives necessary.
12. To assist in the development of criteria for programming student with physical and/or motor impairments into a less restrictive environment.

31. Write and publish a newsletter to be disseminated locally.
32. Write and package curriculum and service delivery information.
33. Demonstrate to community leaders and legislators that pre-school handicapped education is necessary and should be a mandated service in the state of New York.

Finance:

34. Participate in the preparation of grant proposals.

Planning:

35. Propose, develop and implement new special educational services.
36. Serve as consultant to component school districts.
37. Reorganize program for the appropriate placement of pupils and staff.

Evaluation:

38. Collect and assess the increase in the abilities of children, satisfaction and involvement of parents and activities of project.

Other:

39. Participate in the affairs of professional societies and committees devoted to the advancement of special education.
40. Prepare reports required by BEH.
41. Represent BOCES at appropriate national, state and local meetings on special education.

ALT:mf
1/4/79

JOB DESCRIPTION:

TEACHER AIDE

1) Follow directions of teacher.

2) Work with children under direction of teacher.

3) Participate in staff conferences where appropriate.

4) Help implement IEP, develop materials.

5) Complete clerical tasks as requested by teacher.

6) Participate in staff training

Army

BOARD OF COOPERATIVE EDUCATIONAL SERVICES
Putnam/Northern Westchester Education Center
Yorktown Heights, New York 10598

PRESCHOOL PROGRAM

JOB DESCRIPTION
TEACHER TRAINER

1. To prepare demonstration/dissemination plan for project.
2. To carry out all items of demonstration/dissemination plan.
3. To complete and monitor Family Court petitions.
4. To complete and monitor billing and attendance records.
5. To monitor and update all student files.
6. To coordinate internal needs identified in evaluation plan.
7. To assist project coordinator in other tasks of a non-supervisory capacity, such as screening candidates for positions.
8. To train teachers and conduct workshops for other agencies in preschool activities and methods.

JOB DESCRIPTION:

SPEECH AND LANGUAGE THERAPIST

1) Screen and diagnose speech and language of children referred to project.
2) Write diagnostic reports.
3) Consult with parents re: child diagnoses and needs.
4) Consult with teachers and teacher aides and make recommendations as to appropriate programming of children.
5) Participate in staff conferences and IEP's.
6) Write IEP's for children in speech and language.
7) Supervise speech teacher aide to provide language stimulation to children in project in need of speech and language services in accordance with goals listed on child's IEP.
8) Perform post-testing on children in program.
9) Participate in selected IEP planning conferences.
10) Provide consultation to certain children through the use of a parent training model.
11) Coordinate speech and language services with local clinics.
12) Consult with area nursery schools.
13) Attend selected COH meetings.
14) Provide direct intervention to children in the classroom.
15) Provide staff training when appropriate
16) Participate in PETD and arena evaluations utilizing the Transdisciplinary Model.

JOB DESCRIPTION:

SOCIAL WORKER/FAMILY LIAISON

1) Meet with parents during screening and diagnosis for case history and other pertinent information, and to describe TD Assessment to them.
2) Make recommendations to parents re: appropriate programs for their child.
3) Make referrals to appropriate agencies for parents.
4) Participate in parent group meetings.
5) Participate in selected IEP planning conferences.
6) Participate in staff conferences and provide input into IEP's.
7) Provide reports to agencies who are working with a child.
8) Define school services to agencies.
9) Consult with teachers and make recommendations for working with parents.
10) Meet individually with parents as needed.
11) Provide staff training when appropriate.
12) Write reports.
13) Coordinate transition to other placements.
14) Participate in PETD and arena evaluations utilizing the Transdisciplinary Model.
15) Attend COH meetings if appropriate.

JOB DESCRIPTION

EARLY CHILDHOOD TEACHER

1) Participate in screening of children for entry into program.
2) Develop IEP on each child in classroom program, bases on an assessment.
3) Individualize classroom program.
4) Direct and train teacher aides.
5) Participate in staff conferences and provide staff training as needed.
6) Implement curriculum materials adopted or developed.
7) Hold parent conferences.
8) Organize monthly parent groups and training.
9) Work with a liaison or appropriate personnel from the school district when referring a child to that district when school age.
10) Supervise student teachers when appropriate.
11) Keep and obtain records necessary for data collection on students and parents.
12) Write and assess prescriptions for home training, where appropriate.
13) Consult with area nursery schools.
14) Train parent volunteers and implement parent volunteer system in classroom.
15) Investigate other school placements.
16) Meet with Home Teacher to discuss children transferred within the program.
17) Participate in arena evaluations utilizing the Transdisciplinary Model.

JOB DESCRIPTION:

SCHOOL PSYCHOLOGIST

1) Screen and diagnose children referred to the program, determine Handicapping Condition based upon Commissioner regulations.
2) Write reports.
3) Conference with parents re: child diagnoses and needs.
4) Consult with teachers and make recommendations as to appropriate program and management of children.
5) Participate in staff conferences and provide input into IEP's.
6) Consult with child's school districts re: appropriate placement when child is school age, attend selected COH meetings.
7) Perform post-testing on children in program.
8) Participate in selected IEP planning conferences.
9) Provide teachers with observation date re: student behavior, and prescribe intervention strategies based on this data.
10) Consult with area nursery schools.
11) Provide staff training when appropriate.
12) Work with individual parents or groups of parents as needed.
13) Participate in PETD and arena evaluations utilizing the Transdisciplinary Model.

JOB DESCRIPTION

PRESCHOOL HOME PROGRAM TEACHER

1) Schedule and coordinate home visits for up to 40 children in the 20 component school districts.
2) Train and supervise the three Home-Teachers who make weekly visits.
3) Develop I.E.P.'s and evaluate the progress of the 40 cases.
4) Function as liaison to any related preschool setting who is also involved with a child we service (i.e. Day Care, Head Start, local nursery schools.)
5) Visit homes and write prescriptions.
6) Plan and conduct follow-up of all on-site screenings in the preschool setting and private homes.
7) Conduct staff training sessions for local preschool settings on Preschool Special Education.
8) Plan and coordinate services of consultant clinical staff, as needed.
9) Conduct parent workshops on methods and materials utilized in Preschool Special Education.
10) Respond to requests for consultation and/or observations of children with special needs in regular preschool settings.
11) Teach up to six cases - a weekly visit to each.
12) Maintain records on 40 cases (attendance, I.E.P.'s, contacts, other services, health records).
13) Process HC2-1 forms for 40 cases.
14) Research, develop and demonstrate new teaching materials and methods.
15) Keep and obtain records necessary to data collection on students and parents.

16) Work with liaison or appropriate personnel from the school district when referring a child to that district when school age.

17) Hold parent conferences.

18) Implement curriculum materials adopted or developed.

19) Participate in staff conferences and provide staff training as needed.

20) Participate in Pre-Entry Transdisciplinary Assessments and complete evaluations utilizing the Transdisciplinary Model.

21) Meet with classroom teachers to discuss children transferred within the program.

ADVISORY COUNCIL

The Advisory Council is composed of parents, educators, and members of agencies in the Putnam/Northern Westchester BOCES area. It meets monthly to review the direction and goals of the preschool program and to make recommendations regarding issues which face the preschool program.

Membership is listed on next page.

Mr. Roger Padwe
West. Ct. Dept. of Community
Mental Health
148 Martine Avenue
White Plains, N. Y. 10601

Ms. Hedda Kaslow
Education Supervisor
West. De velopmental Service
Tarrytown, N. Y. 10591

Ms. Madeline Mulligan
My School Nursery School
P. O. Box 881
Mahopac, New York 10541

Mr. & Mrs. Earl C. Barry
15 Watson Avenue
Ossining, New York 10562

Ms. Nancy Miller
Aunt Bessie's Day Care
12 Union Avenue
Peekskill, N. Y. 10566

Ms. Sally Ziegler
Ossining Children's Center
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Ossining, New York 10562

Ms. Toni Nagel
Fox Lane Middle School
Route 172
Bedford, New York 10506

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2336 Quaker Church Road
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74 Westmoreland Avenue
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Dr. Janet Younng
Director of P.P.S.
Croton School Dist.
Croton, New York 10520

Ms. Hedda Kaslow
Education Supervisor
West. Developmental Service
580 White Plains Rd.
Tarrytown, N. Y. 10591

Ms. Carol Zaccaro
Putnam County Assoc. for
Retarded Children (PARC)
Kent Center, Rt. 52
Carmel, New York

Dr. Paul Irvine, Director
Special Education
Board of Cooperative Educational Services
Pinesbridge Road
Yorktown Heights, N. Y. 10598

Ms. Amy L. Toole, Supervisor
Board of Cooperative Educational Services
Pinesbridge Road
Yorktown Heights, New York 10598

BOARD OF COOPERATIVE EDUCATIONAL SERVICES
Putnam/Northern Westchester Education Center
Yorktown Heights, New York 10598

EARLY CHILDHOOD PROGRAM

Procedure for Follow-Up of Students that have graduated from the Program:

1. In June, a listing is made of students who have withdrawn from the program which indicates whether a parental release has been signed to share information with districts.

2. The list will include:

   Name of Student
   Home Address
   Home Phone Number
   Parent's Name
   District
   Date of Birth of Child

   District Release_____

3. The Coordinator will send a Follow-Up Form to Parent and District, (if release is signed), during the month of January.

4. The Coordinator will follow-up on unreturned questionnaires and on students for whom difficulties in present placement is indicated on form.

BOARD OF COOPERATIVE EDUCATIONAL SERVICES
Putnam/Northern Westchester Education Center
Yorktown Heights, New York

PRESCHOOL PROGRAM

PROCEDURES FOR FOLLOW-UP UPON GRADUATION

1. In October, a letter is sent to parents and school districts which ask for information regarding the graduate.

2. A cover letter is attached which asks the person to call a specific staff member on a specific date if the person would like to talk about the child's needs.

3. Staff are available at a phone on that date to help parents and teachers.

4. If the need arises, based on the phone conversations, appointments with Kindergarten teachers or parents will be made to discuss the child.

5. A month after forms have seen sent, they are reviewed by the Program Coordinator. Staff members receive a list of parents to call, if the form has not been returned, to check on placement.

6. Parents are also invited to return for monthly parent meetings.

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Putnam/Northern Westchester Education Center
Yorktown Heights, New York 10598

PRE-SCHOOL PROGRAM
FOLLOW-UP QUESTIONNAIRE

NAME _____
PRE-SCHOOL PROGRAM PARTICIPATED IN _____
DATE CHILD LEFT PROGRAM _____
REASON FOR LEAVING PROGRAM _____

1. Present school program (check appropriate box or boxes):
   ____Nursery School ____Kindergarten _____1st Grade ____2nd Grade
   ____3rd Grade ____4th Grade _____Special class
   ____Resource Program Number of Children in Class _____

2. If in special class, please check:

(Type of Class)	(Class Run By:)
_____Learning Disabilities Program	_____District
_____Communications Disorders Program	_____BOCES
_____Mentally Handicapped Program	_____Private Day School
_____Other _____	_____Residential School
	_____Other _____

3. Other services child is presently receiving:
   _____Speech and Language Therapy _____Counseling
   _____Physical Therapy _____Remedial Reading
   _____Occupational Therapy _____Itinerant Service
   _____Other _____

	YES	NO
4. Do you believe the child's present placement is appropriate? If not, why? _____	_____	_____
5. Do you believe the child is in need of additional supportive services? If yes, what? _____	_____	_____
6. Do you believe the child is functioning satisfactorily in his present placement? If not, why? _____	_____	_____
7. Does the child seem to be comfortable in his present setting? If not, why? _____	_____	_____
8. Has the child adjusted well to a larger class placement?	_____	_____
9. Is the child interacting appropriately with the other children in the class? If not, describe problem: _____	_____	_____

10. If the child is reading or doing math, please list his levels:
    Reading _____ Math _____

	YES	NO
11. Did you find the recommendations which were listed on the I.E.P. from the BOCES Pre-School Program to be appropriate? (Only answer if child left program last year)	____	____

____ Have not seen I.E.P.

____ Do not remember I.E.P.

What did you find not to be appropriate? _____

_____

What was helpful? _____

_____

12. Do you feel your child was adequately prepared for his present placement? (Only answer if child left program last year). If not, why? _____	____	____

13. Would you like a member of our Pre-School Staff to contact you regarding _____?

Phone Number _____

_____
NAME OF PERSON COMPLETING FORM

_____ _____
DATE RELATIONSHIP TO CHILD

We appreciate your cooperation in completing this form. Thank you for your time and effort.

The Pre-School Staff
November 28, 1978

MEMORANDUM Amy

Putnam/Northern Westchester Education Center • Yorktown Heights, New York 10598 • (914) 245-2700

PUTNAM NORTHERN WESTCHESTER BOCES
LINKING LOCAL SCHOOL DISTRICTS AND THE STATE THROUGH SERVICE

TO: Mr. Ron Bushmeyer, Dr. Don Coe, Dr. Paul Irvine, Mrs. Elneta Ammicucci, Mrs. Eleanore Kerrigan, Ms. Carol Eagen

FROM: Amy L. Toole A.T

DATE: October 25, 1979

SUBJECT: Procedures for Monthly District Billing for Preschool

Attached is a copy of procedures which I have set up for monthly district billing for Preschool. Carol Eagen will be responsible for getting this information logged and distributed.

I have also enclosed copies of procedures for billing each county for your information.

ALT:mf

BOARD OF COOPERATIVE EDUCATIONAL SERVICES
Putnam/Northern Westchester Education Center
Yorktown Heights, New York

PROCEDURES FOR REPORTING MONTHLY BILLING AND ATTENDANCE FOR SCHOOL DISTRICTS FOR THE PUTNAM/N. WESTCHESTER BOCES PRESCHOOL PROGRAM

1. Teachers give Teacher Trainer the attendance logs by Friday after the last Monday of each month.
2. Teachers note entry dates of any new students and exit dates of withdrawing students on log.
3. Information is transferred onto billing forms in the following manor:
   a) Possible dates of attendance by particular month are listed on top line.
   b) Dates absent are checked.
   c) Number of possible dates of attendance and absence are listed in right hand column.
   d) If a child has entered an E is placed in the box for that day.
   e) If a child has left the program, an L is placed in the box for that day.
   f) Comments about entrances, exits, long absences, etc. are placed in comments section.
   g) Any new child who is to be enrolled is listed. Across columns for attendance, write expected enrollment month.
   h) If a child has left the program, his name should be crossed out, but not whited out, on the next month's billing.

4. A list of each district and number of students to be billed for is made up based on Attendance and Billing information.
5. Information is routed to people listed below by the first Monday of each month.

ROUTING FOR MONTHLY BILLING AND ATTENDANCE SHEETS AND BILLING LIST:

1. Two copies of billing sheets to BOCES Business Office (Elneta Ammicucci)
2. One copy to Eleanore Kerrigan (Special Education Dept.)
3. One copy of appropriate District Classroom List to each district transportation officer.
4. One copy to Attendance & Billing File
5. One copy to Chrono File -
6. Logs that teachers send in are to be sent to Liaison Officers of appropriate districts.

ALT:mf
10/15/79

BOARD OF COOPERATIVE EDUCATIONAL SERVICES
Putnam/Northern Westchester Education Center
Yorktown Heights, New York

PROCEDURES FOR BILLING WESTCHESTER COUNTY FOR PRESCHOOL STUDENTS FOR TRANSPORTATION

1. Use attached claim form.
2. Bill monthly (or whatever is appropriate for your school district).
3. List name of district or carrier on top.
4. Under description of services, include the following:

    a) child's name
    b) dates included in this bill
    c) dates of attendance (this is listed on the Attendance & Billing information sent to you from my office).
    d) In the right hand column list amount of cost for month.
5. Only one child can be listed on a voucher.
6. The County Claim Form must be used. Please obtain additional claim forms from the County.
7. Send vouchers to:

    Ms. Kay Schmerer
    Office of Financial Administration
    Department of Health
    County of Westchester
    150 Grand Street
    White Plains, New York 10601

If you have any questions, please call Mrs. Schmerer at 682-7581.

ALT:mf

REMIT TO:

51161

NAME NAME OF SCHOOL

STREET

CITY

STATE ZIP

SOCIAL SECURITY NUMBER

FEDERAL I.D. NUMBER

ORG	ACCT	TASK	OPTION	CHARGE	INVOICE NO.	P.O. OR CONTRACT	AMOUNT	P/F	PROJ
		— LEAVE		BLANK —					

DATE	DESCRIPTION, INVOICE, OR CONTRACT	QUANTITY	UNIT PRICE	AMOUNT
	EDUCATIONAL SERVICES FOR _____ (NAME OF CHILD) FROM _____ TO _____ (INDICATE PERIOD OF SERVICE)			$
	TRANSPORTATION (INDICATE DATES AND NUMBER OF TRIPS)			$

VENDOR CERTIFICATION:
I certify that the above bill is just, true and correct; that no part thereof has been paid except as stated and that the balance is actually due and owing, and that taxes from which the county is exempt are excluded.

DATE & SIGN HERE _____
DATE SIGNATURE TITLE

CLAIM AUTHORIZATION
I hereby approve the prices of within account or claim and certify that the articles specified were delivered to me and that the services charged therefor were rendered under my supervision on the dates indicated.

_____
AUTHORIZED COUNTY OFFICIAL

_____
EXAMINED AND APPROVED FOR COMMISSIONER OF FINANCE

FINANCE DEPARTMENT

TOTAL	$
DISCOUNT	%
NET	$
AUDITED BY	
DEPARTMENT USE	

COUNTY VOUCHER

COUNTY OF PUTNAM
County Office Building
Carmel, New York

CLAIMANT'S NAME AND ADDRESS

DATE	DESCRIPTION OF SERVICES	AMOUNT

CLAIMANT'S CERTIFICATION

I, _____ certify that the above account in the amount of $_____ is true and correct; that the items, services and disbursements charged were rendered to or for the municipality on the dates stated; that no part has been paid or satisfied, and that the amount claimed is actually due.

Date_____ Signature_____ Title_____

DEPARTMENT APPROVAL

The above services were rendered or furnished to the municipality on the date stated and the charges are correct.

_____

Date Authorized Official

AUDITING COMMITTEE

PLEASE SUBMIT IN DUPLICATE

INSTRUCTIONS

Department or Agency - Voucher must be approved by the head of Department for which services are rendered.

Claimants Name and Address - All claimants must print or type their name and address in the space provided.

Description of Services - All charges must be itemized. In the space provided in the body of voucher, show where applicable;
(1) dates of service; (2) quantities; (2) description of charges;
(4) unit price or hourly rate; (5) total amount.

Claimant Certification - The Claimants certification must be completed. Notary not required.

Return Voucher Promptly - In order to expedite payment, this voucher should be returned before the first Monday of the month.

Claim Dept. # _____

Date Paid _____

ADMINISTRATIVE CALENDAR

AUGUST -

1. Letter to staff
2. Letter to parents
3. Letter to transportation officers
4. Update manual
5. Organize parent orientation packet

SEPTEMBER -

1. Set up parent meetings and case conference schedule
2. Set up screening dates for year
3. Staff needs assessment and schedule of inservice training
4. Set up outreach schedule
5. Set up volunteer system training
6. Transdisciplinary assessment training
7. Distribute posters and fliers

OCTOBER -

1. Review all IEP'S
2. Evaluate staff
3. Pretest students
4. Send follow-up questionaires

JANUARY -

1. Review IEP'S

FEBRUARY -

1. Review coordination with districts for graduates
2. Begin processing Family Court petitions for nest school year
3. Build class list for following year

MARCH -

1. Reminder to teachers in IEP procedures
2. Evaluate staff
3. Population survey

APRIL -

1. Review school year IEP-s
2. Send our year end checklist

JUNE -

1. List of graduates for follow-up
2. Review IEP's for students continuing in program

BOARD OF COOPERATIVE EDUCATIONAL SERVICES
Putnam/Northern Westchester Education Center
Yorktown Heights, New York 10598

PRESCHOOL PROGRAM

PROCEDURES FOR BILLING NYC FOR FAMILY COURT MONEY

1. Four notarized invoices must be submitted on school letterhead.

Invoice must state:

1. Child's name
2. Period billing for (only for services already rendered).
3. Specify what services are being billed (tuition costs or transportation)
4. The following statement must appear: "Before me, a notary public, personally came _____ of the _____ who being duly sworn or affirmed according to law, did dispose and say that the above bill is true and correct and that the child was actually in attendance for such period".

Send 1 original of court order plus 3 copies with the 4 invoices.

Court Order must state:

Child's name
docket #
amount authorized
period covered
name of school or agency

Send to: Miss Sylvia Rivera
or Mr. Michael Biggio
(212) 522-0707
N.Y.C. Board of Education
110 Livingston Street
Brooklyn, New York 11201

CHECKLIST OF MATERIALS FOR NEW TEACHER

-IEP Forms

-Transdisciplinary Manual

-Parent Volunteer System Manual

-Project Manual

-Visitor Orientation Packet

-Portage Checklist

-Parent Observation Forms

-Release Forms

-Information Bulletin #17

-HC 23s

-Learning Activities at Home

-Evaluation Plan

-Curriculum Design

-Parent Services Records (with holes punched for student files)

-Agency Contact Sheets (with holes punched for student files)

-Student Information Summaries (with holes punched for student files)

-Parent Teacher IEP Conference Forms (with holes punched for student files)

-Visitor Questionnaires

-Parent Group Meeting Questionnaires

-Anecdotal Record Forms (with holes punched for student files)

-Brochures for Classroom

-Cards

-Business Cards

-Program Descriptions

-Students'Records for Classroom

-Special Education Packet of Forms

-Transdisciplinary Report Sheets (enough for all reports)

-Developmental Index of Activities

-Class Lists

PART II - TEACHER RESPONSIBILITIES

This section deals with the jobs other than teaching that fall within the domain of teacher responsibility. Coordination of services and consistency among staff members in dealing with outside agencies is important in order to develop credibility in the community.

Procedures for:

A. Writing IEPs
B. Communicating with COHs
C. Requisitioning Equipment and Supplies
D. Snow Days
E. Student Files
    1. Observation Record
    2. Student Information Summary
    3. Summary of Agency or Parent Telephone Contacts
    4. Parent Services Record
F. Referrals to Nursery School and Kindergarten
G. Year End Wrap-Up
H. Emergencies
I. Attendance Logs - Classroom and Home Program
J. Obtaining Health Records

PROCEDURES AND TIMETABLE FOR IEP DEVELOPMENT EACH SPRING AND FALL FOR PRESCHOOL SPECIAL EDUCATION TEACHERS

MARCH:

I. Update IEP's for four year olds; this includes:

1) Post test McCarthy's (No longer applicable)
2) Complete final column of Page 3 of IEP (long term objectives).
3) For those students being referred to Special Classes or Special Services, write a new page 1 and 2 of IEP.
   a. All long term goals not completed during the year should be carried over, unless a rationale appears for dropping this.
   b. Page 1 should include:

      All McCarthy scores -
      Scores from Speech and Language testing -
      Recommended placement for Fall.

   c. For all students recommended for speech and language services, long term goals should be developed by speech and language therapist.
   d. Update Portage Checklist.
4) For those students referred to Kindergarten, complete Page 3's; write on BOTTOM of Page 1 - Fall Placement - Kindergarten - No special services recommended.

APRIL:

I. Meet with Coordinator and Transdisciplinary Team to review all IEP's.

II. Set up parent conference and invite district representative to attend.

III. Hold parent conference and have parents sign IEP.

IV. Fill out parent conference form in triplicate in presence of parent.

V. By April 30, the last copy of each IEP (page 1,2,3, of this year and page 1 and 2 for next year) and Parent Conference Forms are given to secretary to be sent to district, if there is a parent release.

VI. If a student is referred for special class or special services, a copy of an updated Portage checklist also accompanies IEP given to secretary and is sent to the district.

VII. By April 30th., a copy of each IEP and parent conference form is filed in child's clinical file by teacher.

VIII. By April 30th class lists are built on board for next school year.

MAY:

I. By May 5th, IEP's are sent to district by Supervisor.

II. Teachers update IEP's for three year olds.
This includes:
1. Update Portage Checklist
2. Complete final column of Page 3 of IEP (long term objective)
3. Write a new page 1 and 2 of IEP (follow directions listed under #3 for four year olds)

JUNE:

I. Same directions as #I, II, III, IV, V, VI under April Deadline - last day of school.

SEPTEMBER:

I. Pretest all new children on McCarthy.
II. Update Portage Checklist on each child.
III. Write page 3's (short term objectives for all returning students).
IV. Write pages 1, 2, 3 for new students and complete Portage checklist.

OCTOBER:

I. Follow instructions #I, II & III under April.

II. By October 15th, the last copy of page 1, 2, 3 of each IEP and parent conference forms is given to secretary to be sent to district, if parent has signed district release.

III. By October 15th a copy of each IEP and parent conference form is filed in each child's clinical file by teacher.

JANUARY:

I. By January 15th each IEP, page 2 and 3, is updated by teacher. This includes:
a) note which long term goals have been completed.
b) addition of new long term goals.
c) note which short term objectives have been mastered and which are progressing.
d) write new short term objectives.

II. By January 31st, meet with Supervisor and Transdisciplinary Team to review IEP's.

III. Meet with parents to review any major changes.

NOTE: Retesting:

1. McCarthy's are only done upon entering and exiting program.
2. Portage checklist is updated at least two times a year.

BOARD OF COOPERATIVE EDUCATIONAL SERVICES
Putnam/Northern Westchester Education Center
Yorktown Heights, New York

PROCEDURES FOR MEETING WITH DISTRICT COMMITTEE ON THE HANDICAPPED

In order to present an effective and efficient case description at District COH Meetings, please -

1) Bring all files (academic & health) to meeting

2) Bring one extra copy of final IEP to give to the Chairman of the COH.

3) Prepare an outline which includes the following points:

1) child's name
2) date of birth
3) C.A.
4) McCarthy scores (if appropriate)
5) Reason for referral
6) length of time in program
7) strengths
8) weaknesses
9) description of long term goals & results
10) present educational needs.

This presentation should only take three to five minutes.

This should help to streamline and organize your talk and give members of the District COH the most important information regarding the child.

ALT:mf
5/1/79

REFERENCE TO: STUDENT'S NAME: _____

D.O.B.: _____

TO: _____ AS CHAIRPERSON OF THE _____ DISTRICT COH

FROM: _____, PRINCIPAL OR SUPERVISOR. TELEPHONE NUMBER: _____

SUBJECT: STUDENT PROBLEM FOR COH REVIEW

DATE: _____

The purpose of this report is to call to the attention of the COH a concern regarding the student listed above. To be helpful we have summarized the situation and made a recommendation. This information is sent to assist your Committee in carrying out its responsibility for determining the program for each district student with a handicapping condition.

Student is attending _____ class at _____ School.

Capsule statement of the problem: _____

_____

_____

Our actions to date to resolve the problem: _____

_____

_____

_____

The BOCES team's recommendation for further action: _____

_____

_____

Other notes or comments: _____

_____

_____

In most cases, it is possible to send a BOCES representative to the COH meeting at which a student's problem is to be discussed. To have a BOCES representative attend, contact me at the number above. Please inform me of any actions taken by the COH with respect to this matter.

I hope this information is helpful to the COH in carrying out its responsibilities, and I look forward to working closely with you to assist your student.

cc: Student's File
Supervisor
District Liaison Officer
Director

_____
Signature of
Supervisor or Principal

REQUESITIONING EQUIPMENT AND SUPPLIES

Items under $10.00

- If you purchase an item under $10.00 you must submit a receipt to the supervisor which lists:

a. your name
b. date
c. name of item

This will be reimbursed through petty cash

Items over $10.00

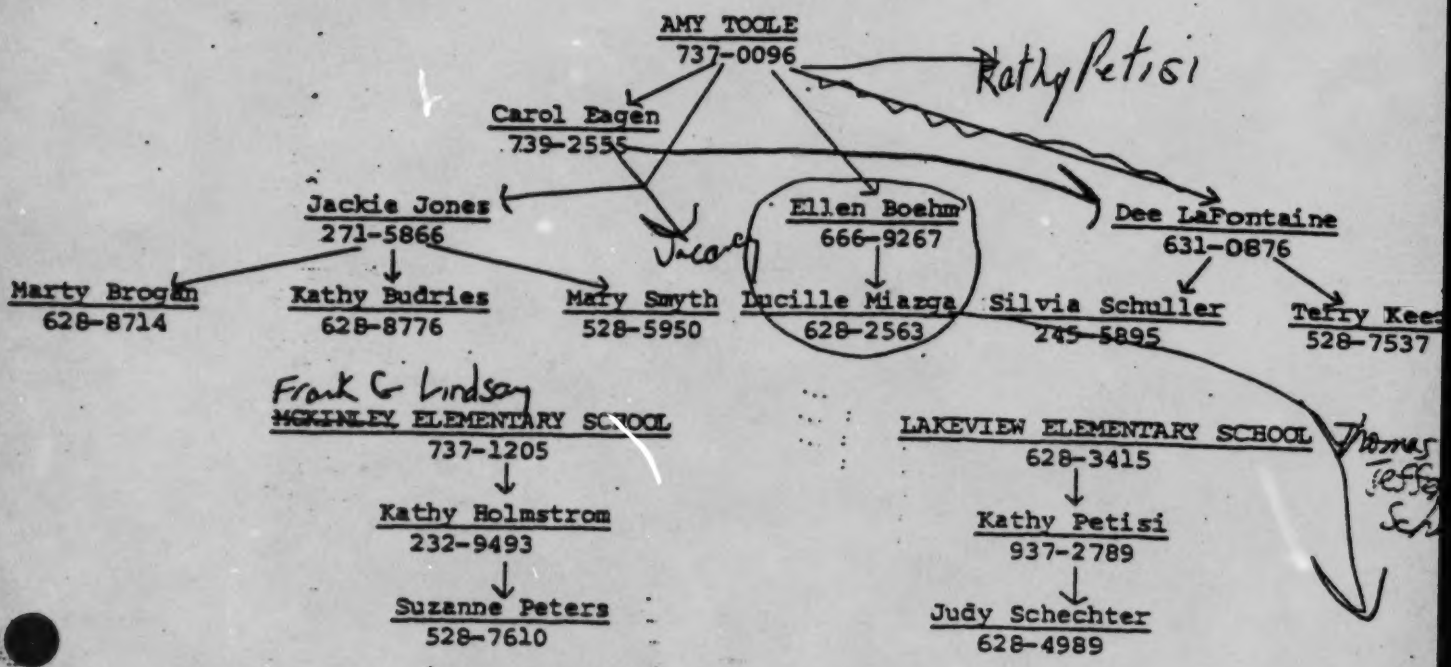
Please submit a gold requesition form in triplicate (also keep one for your records). Be sure to include:

a. complete address of vendor
b. current price
c. Your name and facility

BOARD OF COOPERATIVE EDUCATIONAL SERVICES
Putnam/Northern Westchester Education Center
Yorktown Heights, New York 10598

PRESCHOOL PROGRAM

SNOW CHAIN



PLEASE NOTE:
The Teacher is also responsible for calling:

1. Any Clinical Staff member who works in her room that day.
2. Transportation Supervisors and reminding them of the closings.
3. Parents - It would be helpful to set up a telephone chain with parents.

PROCEDURES:

1. If the School District in which your classroom is located closes for a complete day, your classes are cancelled.
2. If the School District has a delayed opening, your A.M. session is cancelled.
3. If the School District has an early closing, your P.M. session is cancelled.
4. If you are a clinical team member and one of your classes is open, you are expected to work either in that class or central office.
5. Home Program Staff are to check with Supervisor.

vised: 11/79

BOARD OF COOPERATIVE EDUCATIONAL SERVICES
Putnam/Northern Westchester Education Center
Yorktown Heights, New York 10598

PRESCHOOL PROGRAM

Student Files

Two complete sets of student files are available. One set is kept locked in the classroom; the other is available in the central office.

Files are organized by following sections. The form listed first should be on top, then the next, etc.

Side I
- Student Information Summary
- Parent Services Record
- Summary of Agency or Parent Telephone Contacts
- Attendance

Side II

DIAGNOSIS
- Transdisciplinary Summary
- Psychological Summary
- Social Work Summary
- Speech Therapy Summary
- Education Summary
- Alpern-Boll
- Genogram
- Tests Administered at TD
- McCarthy
- Bayley
- Other reports, tests or notes by BOCES clinical team members.

Side III

SCREENING
- Screening Summary
- Parent Questionnaire
- Denver
- Language Sheet
- Drawings
- Child Observation Checklist
- Letter to District (ECE Assessment)
- Registry

Side IV

EDUCATION
- IEP Parent Teacher Conference Form
- IEP
- Observation Record
- Parent Conference Forms
- Portage Checklist
- Other anecdotal information on educational plan or child's progress
- Letters from parents

Side V — HEALTH/PERMISSION

Family Information Form
Annual Health Exam
Release of information
Permission to share with district (screening).
All other Permission Forms/trips, video, to attend program, etc.

Side VI — FAMILY COURT/AGENCY INFORMATION

HC-5
Preapproval from Albany (Elsie Finklestein letter)
HC-23 or HC-2 - 1
Letters to Court/Albany
Records from other agencies
Letters to agencies requesting information
Support letters for Home Program, 4 day program, etc.
Letters to liaison

NOTE: An additional file should be kept with the student classroom file of any weekly activity plan sheets used with parents.

When student leaves program:

1. All files are returned to Central Office.
2. Clinical file is placed in early childhood "dead" files.
3. Academic file is placed in special education "dead" file.

During School Year:

Any information which a teacher receives on a child (outside agency report, health, information, etc.) should be sent to secretary in duplicate. A note should be attached that one copy should be placed in clinical file and one copy sent to school district liaison if a permission to release information to the district has been signed by the parent.

PUTNAM/NORTHERN WESTCHESTER BOCES PRESCHOOL PROGRAM

OBSERVATION RECORD

Instructions: Please write objective information about what you have observed during the student's time in your classroom during the month listed below. The information should reflect his skills in the primary target area of your work based on the students main reasons for being in our program.

NAME_____ CLASS_____ DOB_____ DATE_____

HANDICAPPING CONDITION_____ OBSERVATION AREA_____

SEPT.

JAN.

MAY

BOARD OF COOPERATIVE EDUCATIONAL SERVICES
Putnam/Northern Westchester Education Center
Yorktown Heights, N. Y. 10598

PRESCHOOL PROGRAM

STUDENT INFORMATION SUMMARY

IDENTIFYING INFORMATION:

CHILD'S NAME _____ TEACHER _____ AM ___ PM ___

DOB _____ C.A. _____ ENTRY DATE _____ FACILITY _____

PARENTS _____ PHONE _____ BUSINESS PHONE _____

ADDRESS _____ EMERGENCY PHONE _____

DIAGNOSIS _____ SCHOOL DISTRICT _____ COUNTY _____

CHILD'S PHYSICIAN _____ PHONE _____ ADDRESS _____

ANY SPECIAL MEDICAL CONDITION _____

SCREENING: DATE _____

DENVER DEVELOPMENTAL SCREENING

	Personal-Social	Fine Motor	Lang.	Gross Motor
PASS				
NEEDS HELP				

SCREENING INFORMATION _____

DIAGNOSIS: DATE _____

PARENT SCREENING INFO.

ALPERN BOLL - DATE	McCARTHY - DATE
Physical Age	Verbal
Self-Help Age	Perc. Perf
Social Age	Quantitative
Academic Age	Memory
Communication Age	Mental
	General Cognitive

Other Testing _____

REPORTS IN RECORD (DATES):

Year	Psych. Eval.	Speech/Lang. Eval	Social Work	Physical Ther. Eval.	Educ. Eval.	IEP

WRITTEN COMMUNICATIONS (DATES):

AGENCY/PERSON	Parent Release	Request Sent	Info. Rec'd.	Info. Sent	STAFF MEMBERS

BOARD OF COOPERATIVE EDUCATIONAL SERVICES
Putnam/Northern Westchester Education Center
Yorktown Heights, New York 10598

PRESCHOOL PROGRAM

SUMMARY OF AGENCY OR PARENT TELEPHONE CONTACTS

CHILD'S NAME _____

TEACHER _____ SCHOOL _____

DATE	CALL REC'D	CALL MADE	CORRES. REC'D	CORRES. SENT	NAME OF PARTY	SUMMARY OF DISCUSSION OF INFO. REC'D/SENT	ACTION TO BE TAKEN

PARENT SERVICES RECORD

Name of Child: _____

Service	Parent Involved	Staff Involved	Date
1. Screening Interview			
2. TDA Assessment Conference			
3. IEP Conference			
4. Other Conferences			
5. Group Meeting			
6. Observation			
7. Volunteer			
8. Home Prescriptions			

BOARD OF COOPERATIVE EDUCATIONAL SERVICES
Putnam/Northern Westchester Education Center
Yorktown Heights, New York 10598

PRE-SCHOOL PROGRAM

PROCEDURES FOR REFERRAL TO NURSERY SCHOOL:

1. Review IEP's and talk to mother about possible graduation from program.
2. Suggest nursery school, if appropriate, and provide parents with a list of nursery schools.
3. When parent has chosen a nursery school, if the parent signs a release, the nursery school is contacted regarding the child.
4. If the nursery school requests, a visit is made by pre-school teachers.
5. The teacher will offer the option of follow-up visits to the pre-school program or phone calls to the parents.

PROCEDURES FOR REFERRAL UPON GRADUATION:

1. Review IEP's and talk to mother about placement in February.
2. Obtain special release permission from parent to contact school district liaison and arrange a visit to their local elementary school in February.
3. Teacher responsible for district makes phone contact after checking with other teachers who also have district children:

Ellen Boehm	Kathy Petisi	Eileen Simko/Minte
Bedford	Brewster	Croton
Briarcliff	Carmel	Garrison
Chappaqua	Mahopac	Lakeland
Katonah	North Salem	Haldane
Yorktown	Somers	Peekskill
		Putnam Valley

Hen Hud

Jackie Jones
Ossining

4. Call liaison in February to:
   a) set up a visit to local elementary school
   b) arrange to have a representative of the district come and observe the child in pre-school setting.

MEMORANDUM

Putnam/Northern Westchester Education Center • Yorktown Heights, New York 10598 • (914) 245-2700

PUTNAM NORTHERN WESTCHESTER BOCES
LINKING LOCAL SCHOOL DISTRICTS AND THE STATE THROUGH SERVICE

TO: PRESCHOOL TEACHERS AND SUPPORTIVE STAFF

FROM: Amy L. Toole

DATE: May 1, 1980

SUBJECT: YEAR-END WRAP-UP

At the request of last year's teachers, I am sending this memo to you with plenty of lead time, so that you can start to assemble some of this information. I'd like to request that on Friday, June 20th, you check out with me at my office. At that time, the following information will be needed from you. Please organize it and have it ready to submit to me on that day.

Thank you for your attention to these final details for the year.

1. All student files. This should include:

   a) Portage prescriptions if used.
   b) Completed student information summary sheets.
   c) Completed parent services records.
   d) Summary of agency contact or parent telephone contact.
   e) Completed TD reports.
   f) Completed genograms and Alpern Bolls.
   g) All McCarthy's.
   h) All screening information.
   i) All IEP's and Parent Conference forms.
   j) All permission slips.
   k) All HC 2-1 information.

   Please organize your files into separate packets. Children returning to your classroom program should be alphabetized in one packet. Children graduating from the program and going on to a BOCES special program, should be organized in another packet. Children who are graduating from the program but going on to a district class, either special or kindergarten, should be organized in another packet.

2. When arriving at the School Services Building, please go to the Clinical file draw and place your academic file for that student with the clinical file. Within the clinical file draw, create a new file for students on your class list for next year. The files of new students will be available in my office so that they can be integrated with your returning students. The clinical file and the academic file should be in alphabetical order in the clinical file drawer. When leaving the School Services building that day, your files should be in complete alphabetical order for next year's class list.

3. Please update your board that day and make sure that it is in perfect order for your September class list.

4. Please submit any HC 2-1's that are still outstanding.

5. I would appreciate it if each teacher would generate a list of requisitions which you feel would be appropriate for your classroom for next year - up to $200.00 per classroom. If money becomes available this summer, I will then be able to use these requisitions to order items, otherwise I will hold them until September when we see how our money situation is.

6. Please return any books that you borrowed from me during this year.

7. Before completing your files, I would like a list of each child in your class, the number of long-term goals written for the child during this year, the number of those achieved and the percentage of those achieved. Therefore, the list should have four columns. Please total at the bottom the number of goals altogether for your class and the percentage of long-term goals achieved for your class. This will give me the data which I need and should be easily accomplishable within a short period of time if you use a calculator.

8. Please make lists for your class by handicapping condition. Identify the long term goals written for that condition. There should again be four columns. List child, # of long term goals for condition, how many achieved, and percentage achieved. Total as above.

9. Please make sure you have submitted by that day, follow-up lists for graduates for us to use next year in our longitudinal study. The follow-up lists should be written for any student leaving the program with the following format:

NAME PARENT'S NAME ADDRESS PHONE DISTRICT COUNTY PLACEMENT RELEASE

10. I would appreciate a list from you which would indicate any and all mainstreaming activities which occurred within your classroom or within your home program this year. For example, if your class participated in three assemblies with the normal children or went to a library demonstration with the kindergarteners, those kinds of items would be listed. If you went on a field trip with another class, that would be listed. In the home program, if your child is integrated into a nursery school, that would be an example of a mainstreamed kind of activity.

11. I would also appreciate a list of any visitors that you've had to the classroom since September and what agency or family they represented. (or hand in Visitor Book)

12. I would also appreciate a list of any nursery school contacts that you have had and what their request was. We had developed a form called an Agency Contact form and this information should be available on that if those forms have been kept up to date.

13. It is also important that you return and complete any of the forms which have been sent to you in a memo form Dr. Coe indicating what the central office needs for their year-end wrap-up. For example, the summer address form, the annual report to Dr. Irvine, etc.

14. Please turn in your PROJECT MANUAL so that it can be updated over the summer.

I realize that this is asking you to complete an awful lot of paper work. However, I hope that you will be able to accomplish organizing a lot of this on the Wednesday prior to the Friday you check out. Please try to check out between 8:30 and Noon on that day. Perhaps we could all go to Huckleberry's after check-out if that seems like a good idea to everyone.

Thanks for a terrific school year and I appreciate your attention to these final details.

ALT:mf

PROCEDURES FOR EMERGENCIES

1. Each teacher should speak with school nurse in building and give nurse copy of health records if requested. (Teachers at French Hill should contact Walden school nurse)

2. Teachers should have emergency form completed; as shown in parent information packet.

3. At time of emergency:

   (a) Parent should be contacted.

   (b) School nurse should be contacted.

   (c) Child should be brought to hospital if necessary. Supervisor should be informed, if time permits.

BOCES PUTNAM - WESTCHE[illegible] SPECIAL EDUCATION

STUDENT ATTENDANCE "LOG"

Please Keep In Duplicate

Attendance

Date of Absence	No. Days Absent	Pupil's Name	School	Date of Call or Letter	Reason for Absence (NYS Code)	Total Days Absent To Date	Comments

BOARD OF COOPERATIVE EDUCATIONAL SERVICES
Putnam/Northern Westchester Education Center
Yorktown Heights, New York 10598

PRESCHOOL PROGRAM

PROCEDURES FOR OBTAINING HEALTH RECORDS FOR NEW ENTRANTS TO PRESCHOOL

1) Upon decision to accept child into program during TD conference, parent is sent or handed Family Court Petition and Medical form with listing of necessary immunizations.

2) Parent is asked to complete both (obtaining immunization information) when visiting M.D. for signature.

3) Parent returns Family Court petition and health record to Carol Eagen.

4) Student may not enter program until:

   a) district superintendant has completed Family Court petition.

   b) medical forms are completed and child has received appropriate immunizations.

PART III - SERVICES TO CHILDREN

Since one of the major program objectives is to provide an educational program that will effect significant improvement in each child's social/emotional, motor, cognitive and language performance, careful consideration has been given to the development of an early intervention model that produces such change. Elements of programming have been adapted from validated programs such as the Portage Project and new components have been developed. Methods and materials relating to providing services to children are included in this section.

A. Search
   1. List of contacts
   2. List of hospitals and agencies for handicapped in Putnam/Westchester geographic area
   3. Poster, flyer instructions for distribution
   4. Preschool Registry

B. Screening
   1. Screening Appointments and schedule
   2. Screening Calander
   3. Intake Schedule and Form
   4. Cover Letter and Parent Questionnaire
   5. Screening Forms: District Release, Screening Summary, Information Release Form, Request form, Denver Developmental Screening Test, Child Observation Checklist
   6. Referral for Complete Speech/Language, Hearing and ENT evaluation
   7. Cover letter to be sent with release form

C. Diagnosis
   1. Pre-Entry evaluation form and description
   2. Transdisciplinary Assessment
   3. McCarthy Scale form
   4. Bayley Scale form
   5. Portage Checklist
   6. Outside Evaluation

D. Placement

1. Criteria for Selection of Children into Program
2. Instructions for completing Family Court Petitions, HC 2-1 forms
3. Communication with School District
4. Letter to liaison

E. Programming

1. Location and Hours of Program
2. Daily Routine (samples)
3. IEP form
4. IEP Parent Conference Form
5. Procedure for writing IEPs for students entering throughout the school year
   a. Results of mid-year IEP teacher review
   b. Central Office IEP Documents Control Sheet
6. Description of Home Program
7. Weekly Activity Plan Sheet
   a. Child observation in a preschool setting
8. Request for Withdrawal from program
9. Withdrawal Procedures

F. Transition Class

1. Outline
2. Curriculum

WHITE PLAINS			
	Mrs. Ethel Bezelle	Pres., Foster Parents	
	Leo Rohmer	Westchester Jewish Comm. Svcs.	
Flyers 10/18/76	Janet Mayer	148 Martine Avenue	
BEDFORD			
Flyers 10/29/76	Mrs. Mary Partarchis	Bedford School Dist.	666-6731
GOLDENS BRIDGE			
flyers 11/ /76 visited	Linda Murphy	Dir., Westchester Exceptional Children, School House Rd.	
PUTNAM COUNTY			
	Elaine Cruger	Putnam County Public Health Nurse	225-3641
Flyers	**PEDIATRICIANS**		
10/ /76	Dr. David Schler	Clark Place, Mahopac	628-3477
"	Dr. Bennett Callort	Route 6, Mahopac	
"	Dr. Virgilio Monteleone	Carmel Road, Brewster	279-5156
"	Dr. Dennis Gertzer	Stoneleigh Ave., Carmel	235-2026
"	Dr. Alfredo Garcia, Jr.	22 Putnam Prof. Park, Mahopac	628-9238
"	Dr. Zurhellen	Put Valley Medical Ctr., Put. Val.	528-5222
10/ /76 called	Dr. Marlene Peturo	Dept. of S.S., Psychologist	
10/ /76 visited	Carlton Smith	Put. County Mental Health Clinic Mahopac Plaza	
11/ /76 called	Nancy Meringoff	Soc. Wrkr., out of Wassaic into Putnam County	
CARMEL			
	Mrs. Elaine Kruger	Dir., Nursing, Putnam County Health, Co. Off. Bldg., Carmel	225-8417
11/ /76	Joan Kurtz, M.D.	Carmel Pediatrician	225-7213
12/ /76	Beverly Samuels	P.A.R.C.	225-5541
PUTNAM VALLEY			
12/ /76	Dr. Zurhellen	Putnam Valley Pediatrician (has referred 3 children to pre-school prog.)	
	Mrs. Pisari	ACLD Handicapped Comm.	
ELMSFORD			
	Mr. Ellis	Westch. Comm. Opportunity Prog. 38 East Main Street	
HALDANE			
contacted	Mrs. Mularodelis	PTA President	
HARLEM VALLEY			
	Sheila Cravely		
WESTCHESTER COUNTY			
	Westchester Dept. of S.S.		
	S. Rosenthal	Peeks. Dist. Off., Washington Av.	739-6500
	William Walsh	Mt. Kisco Dist. Off., 203 Highland	762-3324
	Annette Myers	Ossining Dist. Off., 25 Moore Ave.	241-3900

III-A-1

WESTCHESTER PEDIATRICIANS

Flyers	Dr. Hardenberg	Well Baby Clinic, Purdys, N.Y.	
10/20/76	Dr. Elias Salama	1879 Crompond Rd., Peekskill	737-4222
	Dr. David Scuccimara	732 Hudson Ave., Peekskill	737-0040
	Dr. D. Smith	Katonah Med. Group, Katonah	
	Dr. Rapping	808 Washington St., Peekskill	737-0525
	Dr. John Vesce	201 Union Ave., Peekskill	737-1315
	Dr. Rose Ames	118 Underhill Rd., Ossining	941-2129
	Dr. Martin Platt	Yorktown Heights	

WESTCHESTER COUNTY

contacted	Linda Murphy	Dir., Westch. Exceptional Childrens Center, Goldens Bridge	
Poster	Westchester County Information Center		682-2900
	Clinic Supervisor	Tappan Zee Mental Hlth. Clinic	
Called	Mrs. Dorothy Steins	Community Aide	
9/21/76	Carmen Anduze	Social Worker	
"	Ruth Sherman	Claremont School Psych.	
"	Katy Eisenstadt	Park School Psych.	
"	St. Matthew's Church	Nursery School Program	
"	Mental Health Asso. of Westchester		941-6741
"	Mrs. Goss	Public Health Nurse	739-6500
"	Mrs. Walter Tripp	Well Baby Clinic	739-6500
"	Ruth Ransom	Social Worker, Unwed Mothers	591-7300
"	Child Protective Services of Westchester County		
	Mrs. Lynch	Supervisor	
	Janet Greene	Social Worker, 750 Washington St. Peekskill, N.Y.	739-6500, ext 52
"	Leo Rohmer	Westch. Jewish Comm. Svcs.	
Visited 9/23/76	Andrea Newsome	Director of Day Care	
	John Jay Allen	Director of Westchester S.S.	

MAHOPAC

Flyers 11/22/76	Hal Farquhar, M.D.	Ophthalmologist, Mahopac	
10/19/76	Marge McGhie	Parent of Special Ed.	628-5404

KATONAH

	Stein	WARC	

BREWSTER

	Mrs. Norton	Sup., Childrens Div., Dept. of Soc. Svcs., 50 Main St.	279-7185
	Truein	Sup., Protective Services	279-7185
10/12/76 flyers	Mrs. Joan Pisani	Pres., Westchester ACLD 18 Fairview Rd., New Rochelle	636-6599

An Experimental Training Program for
Very Young Handicapped Children

Contacts - Hospitals, Physicians, Social Services, and other Agencies

Flyers and Posters and personal contacts on 10/7/76 to area hospitals and clinics:

Northern Westchester Hospital
Putnam Community Hospital
St. Agnes'Hospital - Infant Program
Peekskill Community Hospital
Phelps Memorial Hospital
Butterfield Memorial Hospital

Tappan Zee Mental Health clinic
Fran VanDenburg, Speech Therapist
Katonah Medical Group
Drs. Schilling and Smith
Mt. Kisco Medical Group

	Annette Myers	Ossining Dept. of S.S.	241-3900
	Camille Patton	Dominican Sisters Family Health	941-1654
	Sr. Joan McMahon	Dominican Sisters of Sick Poor	941-1654
	Brenda Mahr	Ossining Dept. of S.S.	762-3324
10/ 5/76	Ms. Marge Greismer	Ossining Open Door	941-1263
10/ /76	Dr. C. David, Ped.	Ossining Open Door & Public Health	
	Sally Zeigler	Ossining Day Care Center	
	Dr. Lubell, Ped.	Ossining	762-0015
9/21/76	Shelly Kunfield	Pre K-Claremont School	941-7722
	BOCES Staff	Ossining - memo	

Called
9/21/76 Helen Murray, Social Worker
" Ruth Woolfe, Reading
" John Keck, Speech
" George Langberg, Dir. of Research & Evaluation
" High School Guidance Coun.:
" Jocelyn Hodgson x 236
" Marie Mandasano x 240, 241
" Pete Margels x 234
" David Owens x 240, 241
" Jean Sortarch x 240, 241
" Eric Freedman x 237

Mrs. Ellis, Director of CAP, Ossining
Visited Mrs. Lynch, Supervisor, Dept. of S.S., Peekskill 739-6500, ext 58
9/17/76
9/23/76 Brenda Mahr, Social Worker

OSSINING

CAP — Health Department
Welfare — School Psychologists & Guidance Couns.
Harvey Hurwitz, M.D., P.C., Internal Medicine — Church Street, Ossining — 762-3521
Michael Lechner, M.D., P.C., Internal Medicine — Church Street, Ossining — 762-0722
Bruce Heckman, M.D. — Church Street, Ossining — 941-1334

MT. KISCO

Contacted Louise Livesay — L.D. teacher, Mt. Kisco
Mrs. Chambers — K and Pre-K teacher, Mt. Kisco
Visited Mrs. Joan Sapik — Dir., Visiting Nurses, Mt. Kisco
10/ 7/76

PEEKSKILL			
	Ciel Smith	Well Baby Clinic Nurse, Peekskill	
	Frank Miraglia	Dir., Peekskill Probation	
	Jerry Desmond	WLNA, Peekskill	
	Pearl Wood	Peekskill Comm. Dev. Agency	
	Ruth Bernhardt	School Psych., Peek. School System	737-3300, ext 55
	Dr. Elias Salania, Ped.	1879 Crompond Road, Peekskill	737-4222
	Mimi Shaw, Soc. Wrkr.	Aunt Bessie's Open Door, 137 Union Avenue, Peekskill	737-9166
10/ /76	Ms. Whealer, Supervisor	Public Health Nurse	
"	Ms. Goff, Nurse	" " "	
"	Dr. Smith	Well-Baby Clinic Ped., Peekskill	
	Leo Sosichelli	Postmaster, Peekskill	
	Rosa Spadaro	Peekskill Star (Story in Sunday Ed.)	
	Pearl Woods	Peekskill Community Development	
	Catholic Charities Center	1037 Main St., Peekskill	
	Day Care	Aunt Bessie's Open Door	
	Protective Services		
	Public Health Nurses		
Contacted	School Psychologists and Guidance Counselors		
	Margarita Isputriew	Clinic Sup., Mental Health Clinic	739-6500
	Tony Meynadasy	Catholic Charities	737-7338
	Bea Koyan	School Psych., Peekskill H.S.	737-3300
Called 9/21/76	Frank Miraglia	Sup., Peekskill Probation	
Visited 9/ 9/76	Mimi Shaw	Soc. Wrkr., Aunt Bessie's	
Called 9/20/76	Ruth Barnhardt	Sr. Psycho., Peekskill El. Schools	
Visited 9/15/76	Well Baby Clinic		
Called 9/14/76	Dr. Elias Salania, Ped.	Crompond Rd., Peekskill	
Visited 9/17/76	Mrs. Sheila Lynch	Sup., Case Workers, Protective Services, Peekskill	739-6500, ext. 5
CHAPPAQUA			
	Alice Watkins	Nursing	
	Martin & Helen Weiss	Ed. Therapists, Help for Children with Learning Difficulties, Chapp.	
11/ /76	Nan Bolton	HELP - Chap. Parent group	
Newsletter			
YORKTOWN			
11/ /76	Pat Grossman	Yorktown PTA Presidents	
		Martha Cammarata met with group.	
10/27/76	Natalie Schwartz	Center Psychotherapy, 1940 Commerce St., Yorktown Heights	962-2002
flyers			
Visited 11/ /76	Mrs. Terry Matra	CORE Resource Group, 2554 Ridge St. Yorktown	962-2261
11/ /76	Westchester Psychiatric Center		
flyer			
11/16/76	Dr. Martin Platt		
flyers	Mrs. M. Finigan	Dir., Nursing Prog., BOCES	
MONTROSE			
	M. Goodman		
9/14/76	Mr. Gene Stickles	Dir. & tchr., Sunset Nursery Schl.	737-1082

PUTNAM ASSOCIATION FOR RETARDED CHILDREN
PARC
Kent Center - Route 52
Carmel, New York 10512
878-6357

Mr. Stuart Greif - Executive Director
Ms. Diane Cox - Social Worker
Ms. Carol Zaccara - Director of Pre-School (after Thanksgiving)

WESTCHESTER ASSOCIATION FOR RETARDED CHILDREN
74 Westmoreland Avenue
White Plains, New York
428-8330

Mr. E. G. Laughery - Executive Director

WARC - Pre-School Program
Bedford Road
Katonah, New York 10536
232-5783

ST. FRANCIS HOSPITAL
Poughkeepsie, New York 160 E. Main St.
856-5351

St. Mary Denise, RSM - Director of Social Services
Dr. Harry Faller - Medical Director
Dr. Fred Attanasio - Director of Speech & Hearing Clinic

ST. JUDES REHABILITATION INSTITUTE
26 Legion Drive
Valhalla, New York 10595
948-3080

Dr. Jack M. Gootzeit - Director
Ms. Pauline Rosenbloom - Supervisor of Social Services

MENTAL HELATH ASSOCIATION OF WESTCHESTER
29 Sterling Avenue
White Plains, N. Y. 10606
949-6741

Ms. Dorothea Turkel - Coordinator of Children's Services
Ms. Esther D. Mallach - Executive Director

ST. AGNES HOSPITAL -
305 North Street
White Plains, N. Y.
682-3583

Dr. Angeles Badell-Ribera - Medical Director

BLYTHEDALE CHILDREN'S HOSPITAL
5 Bradhurst Avenue
Valhalla, New York 10595
592-7555

Ms. Pat Jatul - Acting Principal
Mr. Robert Stone - Director
Dr. Neils Lovl- Medical Director

MENTAL RETARDATION INSTITUTE
Westchester Medical Center
Valhalla, New York 10595
347-5300

Dr. Margaret Giannini - Director of M.R.I.
Mr. Tom Timmons - Principal of School Unit

BURKE REHABILITATION CENTER - DEC CLINIC
785 Mamaroneck Avenue
White Plains, New York
948-0050

Dr. Henry Feingold - Director of Mental Hygiene
Dr. Ralph Cancro - Co-Director of Mental Hygiene Services

WESTCHESTER COUNTY MEDICAL CENTER
Pediatric Developmental Evaluation Center
Sunshine Cottage
Westchester County
Valhalla, New York 10595
347-7540

Ms. Helen Post - Director

DONALD R. REED SPEECH CENTER
Phelps Memorial Hospital
Tarrytown, New York 10591
666-2142

Mr. Robert Schlitt - Director

NORTHERN WESTCHESTER HOSPITAL CENTER
Main Street
Mt. Kisco, New York 10549
666-1300

Ms. Mary Cavaluzzi - Director of Social Services

III-A-2

COLUMBIA PRESBYTERIAN MEDICAL CENTER
622 West 168th Street
New York, N. Y.
BABIES HOSPITAL - 694-2553

Ms. Agnes Dillworth - Associate Director of Social Services

ALBERT EINSTEIN COLLEGE OF MEDICINE HOSPITAL
1825 Eastchester Road
Bronx, New York
430-2000

Mr. Bernard Danzig - Director of Social Services

MONTEFIORE HOSPITAL
111 East 210th Street
Bronx, New York
920-4321

Ms. Charlotte Grant - Supervisor of Social Services

MISERICORDIA HOSPITAL
600 East 233 Street
Bronx, New York
653-1110 - Dept. of Social Services

Mr. William A. Batchelder - Pediatric Social Worker

SUMMARY OF AGENCY SERVICES WHICH SERVE THE PUTNAM/NORTHERN WESTCHESTER AREA: III-A-2

St. Agnes Hospital

Medical Director: Dr. Angelis Badell-Ribera

Preschool Program - daily sessions, services multi-handicapped and physically handicapped children.

Clinical team - therapist, occupational therapist, speech therapist, and psychologist are available. Children are evaluated by medical director on a regular basis.

Blythedale Children's Hospital

Acting Principal: Ms. Pat Jatul

Preschool Program - for 25 students, 20 of whom are inpatients. Five children are from local area and are bused in. Teacher pupil ratio of 7.1, however, many students and volunteers are available.

Clinical team - physical therapy, occupational therapy and speech therapy are available on a daily basis.

Outpatient department - has complete evaluation based on sliding scale.

Donald R. Reed Speech Center

Director: Mr. Robert Schlitt

Provides individual speech and language evaluation and therapy on sliding scale. Number of sessions per week are based on individual needs of child. No audiological testing available. Children are referred to Grasslands or Burke.

St. Judes Rehabilitation Institute

Supervisor of Social Services: Ms. Pauline Rosenbloom

Program has 51 clients of all ages.

Preschool Program - serves severe, profound, and multiply handicapped. Pupil-staff ratio is 3.1. No criteria for rejection.

Clinical Team - physical therapy used is "reflex" therapy developed by director of program. Program is a full day and runs full year. Speech therapy is available.

Parent Program - no groups or home training.

Putnam Association for Retarded Citizens

Director of Pre-School - Ms. Carol Zaccara

Infant Program - parent brings child in for two hours, two times a week. The physical therapist and speech and language therapist work with child and parent.

Nursery Program - four children are presently enrolled with a teacher and aide.

Preacademic Program - five children are presently enrolled with a teacher and aide.

Clinical Team - for the two above programs, physical therapy, speech therapy, play therapy and occupational therapy are available two or three times a week.

Parent Group - is run by the nurse or social worker - no home training.

Westchester Association for Retarded Citizens

Educational Director - Ms. Fran Porcaro

Classes at Katonah, two in Yonkers, White Plains.
Katonah presently has four children with a capacity of ten.
Down syndrome children are identified at birth through hospital and a WARC parent is sent to talk to parents.

Classroom Program - Children can start at 18 months. Prior to the program they attend St. Agnes. A teacher, teacher assistant and two teacher aides are available for ten children. The program presently takes trainable children, mostly down syndrome, but is open to severely and profoundly retarded children. Curriculum is based on Portage Project.

Clinical Team - consists of a supervisor, psychiatric consultant, psychologist (who makes assessments and consults with teacher).

Parent Group - regular parent group counseling meetings held in White Plains - no home training.

WANTED!

Pre-School Children Ages Birth to Five

Who have Special Needs

IN: Language

Speech

Movement

Hearing and Vision

Social Adjustment

FREE- Consultation Service, Diagnosis, Home Training or Nursery School Services Are Available

For More Information Contact:

Pre-School Programs for children with Special Needs

(914)-245-2700 ext. 394

III-A-3

PUTNAM NORTHERN WESTCHESTER BOCES SERVING LOCAL SCHOOL DISTRICTS AND THE STATE THROUGH SERVICE

BOARD OF COOPERATIVE EDUCATIONAL SERVICES

YORKTOWN HEIGHTS, NEW YORK 10598 (914) 245-2700

Donald F. Rielle
Acting District Superintendent

Raymond A. DeFeo
Deputy Superintendent

Paul Irvine
Director
Special Education

Dear Parents:

I appreciate your offering to take the time to help us distribute our posters and flyers to the community, especially during this very rushed season. Along with this letter, you are receiving a number of posters and flyers so that you can distribute them in the community which is listed at the top of the letter. I would very much appreciate it if you could try to have this completed as much as possible by Monday, December 18. My purpose in this is that many people may have the opportunity to read the posters and flyers during the Christmas shopping season. The following is a list of some suggestions which you might want to read before distributing these in the community.

1. Consider going to places such as supermarkets, stores, whether clothing stores or liquor stores, etc., churches, doctors' offices, libraries, and other places where the public visits.
2. When going into a store, you might attempt to leave a poster hanging on their bulletin board or near their front doorway. The flyers are probably best placed in doctors' offices, libraries and other places where people might easily pick them up while waiting for service.
3. When attempting to leave off any posters or flyers, I suggest you approach the manager first, if at all possible, explain to her/him that you are a representative from the BOCES Preschool program for children with special needs, and that the program is attempting to advertise the free service which they have for children and parents in this community. Ask if you can possibly be allowed to hang a poster on the wall or on their bulletin board or leave some flyers. When you have received permission, I suggest that you carry your own scotch tape with you and hang up a poster immediately, if that is at all possible. I suggest this because sometimes when you just leave the poster for other people to hang up, somehow they get misplaced or do not get hung up immediately, so it helps to just do it yourself and it also saves their employees some time.
4. If the manager or the people in the store have any questions, suggest to them that they call the number on the poster or flyer, and the person answering will be happy to attempt to answer them, or the supervisor of the program will get back to them as soon as possible.

I really appreciate the time that you are spending in doing this and the support that you are providing for our program. Thank you so much for your help. Have a very pleasant holiday.

Sincerely,

Amy L. Toole, Supervisor
Preschool Programs for
Children with Special Needs

BOARD OF COOPERATIVE EDUCATIONAL SERVICES
Putnam/Northern Westchester Education Center
Yorktown Heights, New York 10598

Preschool Registry

Date & Time of Appt. _____

Date of Birth _____

CA _____

Name of Child _____

Parent or Guardian's Name Mother _____
Last First

Father _____
Last First

Address _____

District _____

County _____

Telephone Number _____

Statement of Problem _____

_____

_____

_____

Referral Source _____

Outside Testing _____

III-B-1

BOARD OF COOPERATIVE EDUCATIONAL SERVICES
Putnam/Northern Westchester Education Center
Yorktown Heights, New York 10598

Screening Appointment Schedule

Date _____

	Child's Name	District	County	D.O.B.
8:30				
9:15				
10:00				
10:45				
11:30				

Additional screening done during month - please list.

BOARD OF COOPERATIVE EDUCATIONAL SERVICES
Putnam/Northern Westchester Education Center

SPECIAL EDUCATION DEPARTMENT
PRESCHOOL PROGRAM

CASES TO BE PLACED ON WEDNESDAY'S CASE CONFERENCE AGENDA

CODE	NAME	D.O.B.	DISTRICT	FACILITY	TEACHER:	STRENGTH	WEAKNESS	REASON FOR DISCUSSIO

Submitted by: _____ Date Submitted _____

Coding

E - New Entry
T - Transfers Within Program
W - Withdrawal (state when, why and where to)
D - Discussion
O - Others
N - Notice

Instructions

To be fully completed and returned to Mary Forester on the Tuesday prior to each Wednesday's Intake and Case Conference.

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III-B-3

BOARD OF COOPERATIVE EDUCATIONAL SERVICES
Putnam/Northern Westchester Education Center
Yorktown Heights, New York 10598

III-B-4

Dear Parent,

Thank you for calling the BOCES Pre-school for a screening appointment. Our pre-school team is made up of a variety of professionals all concerned with helping the very young child with special needs. We have special education teachers, a psychologist, a social worker, and speech/language pathologists.

When you arrive for your screening, one team member will talk with you and one or two team members will work with your child. Your child will be offered a variety of activities that are appealing to very young children. We will watch how he plays, speaks, and responds. The screening will take approximately a half hour.

On the basis of the information we collect we will determine whether or not we can provide an appropriate program to meet your child's needs.

We can also suggest referral sources if necessary.

In order that our screening is done efficiently, we request that you complete the enclosed questionaire and bring it with you to the screening. If your child has been evaluated elsewhere, please bring any reports you have available.

We are looking forward to meeting you.

Sincerely,

Amy L. Toole

Amy L. Toole
Supervisor, Preschool
Program for Children with
Special Needs

BOARD OF COOPERATIVE EDUCATIONAL SERVICES
Putnam/Northern Westchester Education Center
Yorktown Heights, New York

A REGIONAL DEMONSTRATION PROGRAM FOR PRESCHOOL HANDICAPPED CHILDREN

PROCEDURES FOR REPLICATION

An agency may wish to replicate the model components of the Regional Demonstration Program for Preschool Handicapped Children. Consultation and Training is available in the following components:

1. PARENT VOLUNTEER SYSTEM TRAINING
2. TRANSDISCIPLINARY MODEL TRAINING
3. DIAGNOSTIC-PRESCRIPTIVE CURRICULUM MODEL
4. HOME TRAINING (PORTAGE PROJECT MODEL)

* * * * * * * * *

CONSULTATION INCLUDES:

1. Needs Assessment to determine specific training.
2. Agreement between the Regional Demonstration Program and the Agency to be trained which specifies responsibilities of both parties.

TRAINING INCLUDES:

1. One or two days of training for each component chosen during Needs Assessment.
2. One day of follow-up for each component later in year to evaluate the level of implementation and to assist replicators in any difficulties they may be having with the implementation of the model.

* * * * * * * * *

COSTS INCLUDE:

Transportation and living expenses for Trainer.

Training, follow-up services and materials will be provided by the Regional Demonstration Program for Preschool Handicapped Children at no cost to the agency trained.

FOR MORE INFORMATION CONTACT:

Ms. Amy L. Toole, Project Director
A REGIONAL DEMONSTRATION PROGRAM FOR PRESCHOOL HANDICAPPED CHILDREN
Board of Cooperative Educational Services
Yorktown Heights, New York 10598
(914) 245-2700, Ext. 394

BOARD OF COOPERATIVE EDUCATIONAL SERVICES
Putnam/Northern Westchester Education Center
Yorktown Heights, New York 10598

PRESCHOOL SCREENING QUESTIONNAIRE

Please complete the following information before coming to the Preschool Screening. Bring this form with you. It will help the staff understand the needs of your child.

I. IDENTIFYING DATA:

Name_____ Date of Birth_____ Age_____
Address_____ Telephone_____
_____ Zip_____ Today's Date_____
County of Residence_____ School District_____
Boy_____ Girl_____ Referred By_____

II. REASON FOR COMING: _____

_____

_____

At what age did you recognize a problem?_____ Who first noticed this?_____
How was it noticed?_____
Have you been able to do anything about the problem? Yes_____ No_____
If "Yes," please explain._____
Has the problem gotten better_____; worse_____; stayed the same_____.
Does the child's problem interfere with his/her social life? Yes_____ No_____
Please describe._____

_____

Has the child's problem changed your family's daily routines in any way? Yes_____ No_____
Please describe._____

_____

Have there been any unusual experiences or events in the child's home or history which you feel are important to understand your child?_____

_____

Are there any special circumstances in your home, i.e. presence of other members in the home with special needs, or conditions that you feel pertinent to your child's development?_____

_____

Briefly describe your child's typical day._____

_____

_____

_____

What are his/her favorite toys and activities?_____

_____

Who does he play with?_____

_____

What is most important to you for your child to be able to do this year?_____

_____

_____

_____

III. MEDICAL AND DEVELOPMENTAL INFORMATION:

Does your child have any special health conditions? Yes____ No____

If so, please describe._____

_____

Does your child receive any medication at this time? Yes____ No____

If so, what kind?_____ Dosage_____

Are there any restrictions upon his/her activity?_____

_____

Do you have reason to believe your child has a vision problem? (headaches, blurring, eye discomfort)_____

Do you have reason to believe your child has a hearing problem? (doesn't respond to spoken word or noises)_____

Do you have reason to believe that your child has seizures? (periods of staring, rigidity of body, convulsions, loss of consciousness)_____

_____

Has your child had:

	NO	YES	PLEASE DESCRIBE	AGE
Serious injuries	____	____	_____	____
Serious illnesses or high fevers	____	____	_____	____
Hospitalization	____	____	_____	____
Surgery	____	____	_____	____

Does your child receive a yearly check-up by your family doctor or pediatrician?

Yes____ No____ Doctor's Name_____

Address_____

Telephone_____

Mother's health during pregnancy_____

_____

Was your child born premature____; on time____; late____;any complications_____

Type of birth: normal delivery____; Caesarian section____; anesthesia used ___Yes ___No
Birth weight_____. Was the baby in an incubator? Yes____ No____. How long_____
Did the baby go home from the hospital with mother?_____
Breast or bottle fed _____ How long?_____
Any feeding difficulties?_____
Did the baby cry excessively?_____ Not at all_____
Did the baby babble and coo? Yes_____ No_____
When did your child sit up unsupported?_____
At what age did he/she walk?_____
Is the child toilet-trained? Yes_____ No_____
At what age did he/she say first words?_____
What were the first words?_____
At what age did he/she put 2-3 words together?_____
Can you give examples?_____
Has there been anything unusual in your child's development which you feel is important in order for us to understand your child?_____
_____
_____

. LANGUAGE:

Does your child (please check)

turn toward you when you speak to him_____; listen to music_____; sing_____; watch TV_____; how much_____; favorite TV shows_____; listen when read to_____; look at pictures_____; show interest in toys that make noises_____; imitate sounds or words_____; understand your directions_____; speak in single words_____; 2-3 word phrases_____; sentences_____; tell stories or events_____; gesture when he wants something_____; speak while playing by himself _____.

Describe your child's language now

Easily understood by all_____; strangers sometimes have difficulty understanding him_____; can only be understood by family_____; family, at times, find it difficult to understand him_____.

Does your child have any unusual speech or language behaviors?_____
_____
_____

V. FAMILY INFORMATION:

Relationship to Child	Name	Age	Occupation	Education
Mother				
Father				
Sisters & Brothers (please list)				
Others living in Home				

Does any family member have school difficulties or learning disabilities, history of speech, language, hearing, and/or vision problems? Please describe.

Is any language other than English spoken at home?

THANK YOU FOR TAKING THE TIME TO COMPLETE THIS FORM

BOARD OF COOPERATIVE EDUCATIONAL SERVICES
Putnam/Northern Westchester Education Center
Yorktown Heights, New York

PRESCHOOL PROGRAM

SCREENING SUMMARY

PASS _____
WAIT/WATCH _____
ACCEPT _____
FOLLOW-UP DIAG. _____

NAME _____ DOB _____ CA _____ SCREEN. DATE _____
ADDRESS _____ DISTRICT _____ COUNTY _____
PARENT (S) _____ PHONE _____
____NATURAL ___STEP ____FOSTER ____ADOPTIVE ____INSTI. ____SINGLE ___GRANDPARENT
REASON FOR REFERRAL _____ SOURCE OF REFERRAL _____

PARENT INTERVIEW INFORMATION _____

BEHAVIOR OBSERVED _____

STRENGTHS _____

WEAKNESSES _____

IMPRESSIONS _____

RECOMMENDATIONS _____

_____

4/26/79

BOARD OF COOPERATIVE EDUCATIONAL SERVICES
Putnam/Northern Westchester Education Center
Yorktown Heights, New York 10598

III-B-5

PRE-SCHOOL PROGRAM

INFORMATION RELEASE FORM

Date _____

I, _____, request that any pertinent information available in your file concerning my son/daughter, _____, be released to the Preschool Program of the Board of Cooperative Educational Services, School Services Building, Yorktown Heights, New York 10598.

Agency _____ Mailing Address _____

_____ _____

_____ _____

* * * *

BOARD OF COOPERATIVE EDUCATIONAL SERVICES
Putnam/Northern Westchester Education Center
Yorktown Heights, New York

EARLY CHILDHOOD SCREENING CLINIC

I request that my son/daughter _____ be evaluated by the Early Childhood Screening Team.

It is my understanding that the information obtained in the evaluations will be shared with the school district.

_____ _____

Date Parent or Guardian

PUTNAM NORTHERN WESTCHESTER BOCES
LINKING LOCAL SCHOOL DISTRICTS AND THE STATE THROUGH SERVICE

BOARD OF COOPERATIVE EDUCATIONAL SERVICES

Putnam/Northern Westchester Education Center • Yorktown Heights, New York 10598 • (914) 245-2700

Sole Supervisory District of Putnam and (Northern) Westchester counties

Participating School Districts
Bedford Central
Brewster
Briarcliff
Carmel
Chappaqua
Croton-Harmon
Garrison
Haldane
Hendrick Hudson
Katonah-Lewisboro
Lakeland
Mahopac
Manitou
North Salem
Ossining
Peekskill
Putnam Valley
St. Peter's
Somers
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Yorktown

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Superintendent

Raymond A. DeFeo
Deputy Superintendent

Bruce K. Bothwell
Asst. Superintendent

REQUEST FOR PROGRAM

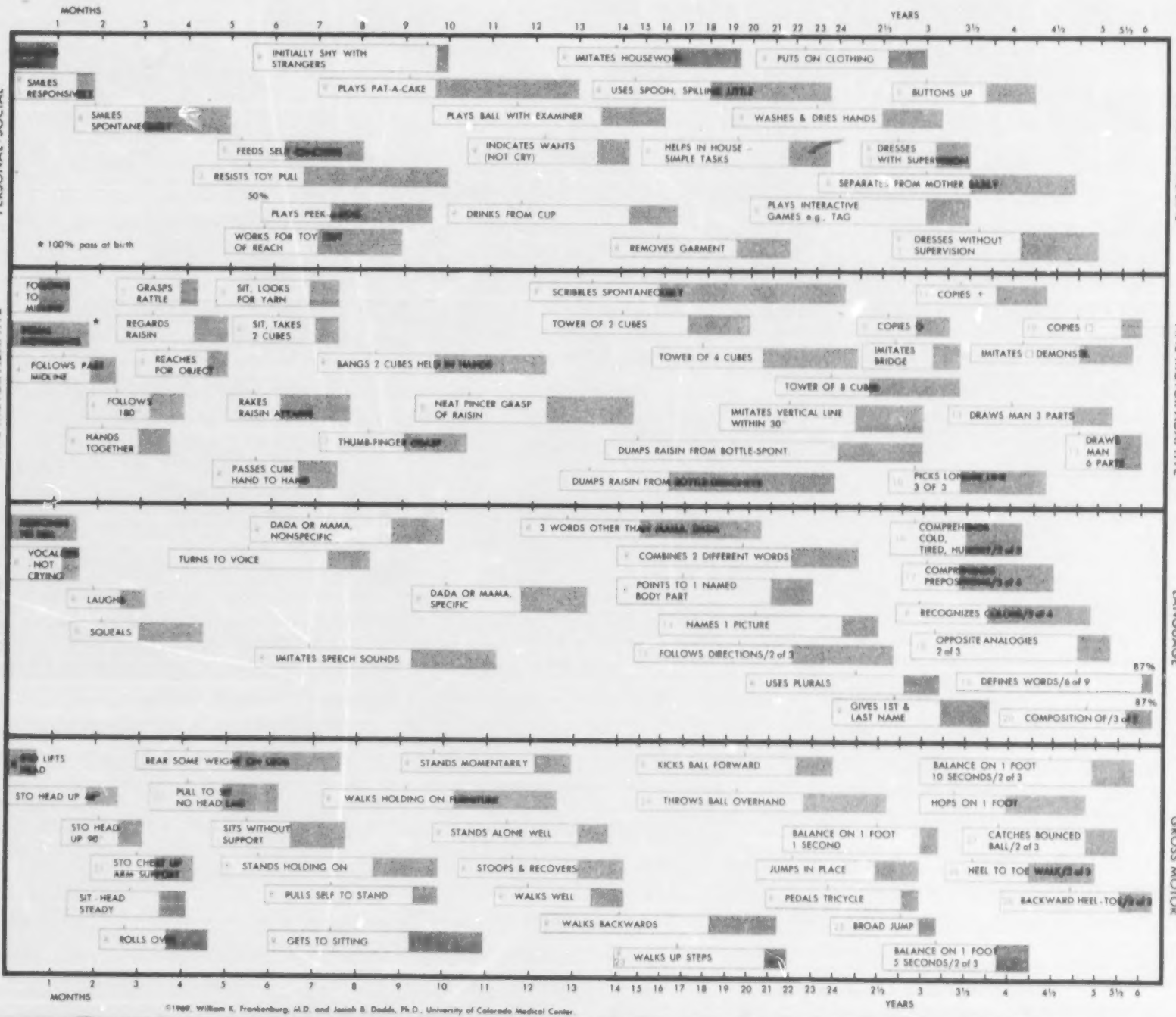
After my discussion with the Early Childhood staff concerning the information obtained in their Early Childhood evaluation, I hereby request that my child_____ be accepted into the program.

_____ _____
Parent Signature Date

NO PROGRAM DESIRED

After my discussion with the Early Childhood staff concerning the information obtained in their Early Childhood evaluation, I hereby refuse placement of my child, _____, in the Early Childhood program.

_____ _____
Parent Signature Date



©1969, William K. Frankenburg, M.D. and Josiah B. Dodds, Ph.D., University of Colorado Medical Center.

DENVER DEVELOPMENTAL SCREENING TEST

STO. = STOMACH
SIT = SITTING

PERCENT OF CHILDREN PASSING
May pass by report ——→
25 50 75 90
Footnote No. ——→ Test Item
see back of form

Date
Name
Birthdate
Hosp. No.

DATE

NAME

DIRECTIONS BIRTHDATE

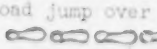
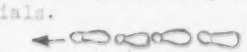
HOSP. NO.

1. Try to get child to smile by smiling, talking or waving to him. Do not touch him.
2. When child is playing with toy, pull it away from him. Pass if he resists.
3. Child does not have to be able to tie shoes or button in the back.
4. Move yarn slowly in an arc from one side to the other, about 6" above child's face. Pass if eyes follow 90° to midline. (Past midline; 180°)
5. Pass if child grasps rattle when it is touched to the backs or tips of fingers.
6. Pass if child continues to look where yarn disappeared or tries to see where it went. Yarn should be dropped quickly from sight from tester's hand without arm movement.
7. Pass if child picks up raisin with any part of thumb and a finger.
8. Pass if child picks up raisin with the ends of thumb and index finger using an over hand approach.

9. Pass any enclosed form. Fail continuous round motions.
10. Which line is longer? (Not bigger.) Turn paper upside down and repeat. (3/3 or 5/6)
11. Pass any crossing lines.
12. Have child copy first. If failed, demonstrate

When giving items 9, 11 and 12, do not name the forms. Do not demonstrate 9 and 11.

13. When scoring, each pair (2 arms, 2 legs, etc.) counts as one part.
14. Point to picture and have child name it. (No credit is given for sounds only.)

15. Tell child to: Give block to Mommie; put block on table; put block on floor. Pass 2 of 3. (Do not help child by pointing, moving head or eyes.)
16. Ask child: What do you do when you are cold? ..hungry? ..tired? Pass 2 of 3.
17. Tell child to: Put block on table; under table; in front of chair, behind chair. Pass 3 of 4. (Do not help child by pointing, moving head or eyes.)
18. Ask child: If fire is hot, ice is ?; Mother is a woman, Dad is a ?; a horse is big, a mouse is ?. Pass 2 of 3.
19. Ask child: What is a ball? ..lake? ..desk? ..house? ..banana? ..curtain? ..ceiling? ..hedge? ..pavement? Pass if defined in terms of use, shape, what it is made of or general category (such as banana is fruit, not just yellow). Pass 6 of 9.
20. Ask child: What is a spoon made of? ..a shoe made of? ..a door made of? (No other objects may be substituted.) Pass 3 of 3.
21. When placed on stomach, child lifts chest off table with support of forearms and/or hands.
22. When child is on back, grasp his hands and pull him to sitting. Pass if head does not hang back.
23. Child may use wall or rail only, not person. May not crawl.
24. Child must throw ball overhand 3 feet to within arm's reach of tester.
25. Child must perform standing broad jump over width of test sheet. (8-1/2 inches)
26. Tell child to walk forward,  heel within 1 inch of toe. Tester may demonstrate. Child must walk 4 consecutive steps, 2 out of 3 trials.
27. Bounce ball to child who should stand 3 feet away from tester. Child must catch ball with hands, not arms, 2 out of 3 trials.
28. Tell child to walk backward,  toe within 1 inch of heel. Tester may demonstrate. Child must walk 4 consecutive steps, 2 out of 3 trials.

DATE AND BEHAVIORAL OBSERVATIONS (how child feels at time of test, relation to tester, attention span, verbal behavior, self-confidence, etc.):

CHILD OBSERVATION CHECK-LIST

CREDIT	NO CREDIT	
		1. Does the child walk up stairs using a wall or hand rail or a person's hand? (P-7)
		2. Does the child jump without falling with both feet together from an object 8 inches off the floor? (p-14)
		3. Does the child take off his coat without help when buttons or zippers are undone? (SH-11)
		4. Does the child put on his coat without help? (no buttoning needed) - (SH-16)
		5. Does the child undo large buttons, snaps, shoelaces and zippers? (S-H - 17)
		6. Does the child put toys away neatly when asked? (S-H - 23)
		7. Does the child wave bye-bye at the right times, or copy pat-a-cake game? (S - 4)
		8. Does child bring something or take something someplace when told? (must find object and carry out command) (S-8)
		9. Does child understand proper use of toys and use them appropriately? (without breaking them) (S - 18)
		10. Does child give "one more" of something - or do something one more time if asked to do so? (A - 8)
		11. Does Child group things by color or form or size? (A-11)
		12. Does child count to six (on objects or 1 to 1 matching) (A-17)
		13. Can child tell a penny from a nickel and a dime by naming or pointing when asked? (A-21)
		14. Does child offer real-word rhymes to simple words i.e. tree-cap? (A-23)
		15. Does child either copy or draw on his own a triangle? (rough O.K.) (A-25)

CREDIT	NO CREDIT	
		16. Does the child know names of at least 5 things? (not names of people) (C-8)
		17. Does child use at least 15 different words in the right way? (C-10)
		18. Does child sometimes give his first and last name when asked? (C-16)
		19. Does child answer correctly if he or she is a boy or girl? (C-18)
		20. Can child tell people (with speech or fingers) how old he is now, how old he was last year and how old he will be next year? (C-24)

EARLY CHILDHOOD - SPEECH-LANGUAGE SCREENING

Date_____

I. 1. Name_____Age_____Sex_____

2. Body parts

Hair_____Mouth_____Feet_____Ear_____Nose_____

Hands_____Eyes_____

3. Names pictures

Cat_____Bird_____Horse_____Dog_____Man_____

4. Follows directions

Give block to me_____ On table_____ On floor_____

Block on box_____; under box_____; in front of_____;

behind_____.

5. Repeats: 2_____

4 - 1_____

3 - 5 - 2_____

I am a big boy.

Grass is green in the summertime.

Alligators always brush their teeth.

6. What do you do when cold_____ hungry_____

tired_____?

7. Recognizes red_____blue_____yellow_____green_____black_____

8. Fire is hot; ice is _____.

Mother is a woman; dad is a _____.

A horse is big; a mouse is _____.

9. What is a spoon_____, shoe_____, door_____,

house_____, window_____, book_____ made of?

10. What is: ball_____, lake_____, desk_____,

house_____, banana_____, curtain_____,

ceiling_____, hedge_____, pavement_____.

II. Oral Mechanism

Lips

Tongue

Palate

Teeth

III. Picture Story-Telling About

PRESCHOOL PROGRAM

CHILD'S NAME _____ DATE _____

ADMINISTERED BY _____

Name of Child: _____

Date: _____

Date of Birth: _____

III-B-6

BOARD OF COOPERATIVE EDUCATIONAL SERVICES

YORKTOWN HEIGHTS, NEW YORK 10598 (914) 245-2700

Donald F. Rielle
Acting District Superintendent

Raymond A. DeFeo
Deputy Superintendent

Paul Irvine
Director
Special Education

Ms. Alice Cohlan
Director, Speech and Hearing Services
The Burke Rehabilitation Services
785 Mamaroneck Avenue
White Plains, New York 10605

Dear Ms. Cohlan;

The Putnam/ Northern Westchester BOCES Preschool Screening Team has recommended a complete Speech/Language, Hearing, and ENT evaluation for:

(Child's name)_____

(Address)_____

_____

(Phone) _____(d.o.b.)_____

(Reason for referral)_____

_____

_____

(Paren/guardian)_____ has been advised of this recommendation and of the Medical Rehabilitation Funding.

If we can be of any further assistance please contact us.

Thank you.

Sincerely,

III-B-7

PUTNAM NORTHERN WESTCHESTER BOCES

BOARD OF COOPERATIVE EDUCATIONAL SERVICES

YORKTOWN HEIGHTS, NEW YORK 10598 (914) 245-2700

Donald F. Rielle
Acting District Superintendent

Raymond A. DeFeo
Deputy Superintendent

Paul Irvine
Director
Special Education

In accordance with the parent's request, enclosed please find copies of our records on the above child.

If we can be of any further help to you, please let us know.

Yours truly,

Amy L. Toole, Supervisor
Pre-School Program For
Children With Special Needs

ALT:mf

Enclosures:

Note: a copy of this letter goes in child's file

BOARD OF COOPERATIVE EDUCATIONAL SERVICES
Putnam/Northern Westchester Education Center
Yorktown Heights, New York 10598

PRE-ENTRY TRANSDISCIPLINARY ASSESSMENT

CHILD'S NAME_____ DOB_____ CA_____

EVALUATION DATE_____ DISTRICT_____ COUNTY_____

BACKGROUND INFORMATION:

SKILL DEVELOPMENT:

PLAY/SOCIAL BEHAVIOR:

DIAGNOSTIC IMPRESSION:

RECOMMENDATIONS:

THE TRANSDISCIPLINARY TRAINING, ASSESSMENT AND CONSULTING MODEL FOR EARLY CHILDHOOD INTERVENTION

Putnam/Northern Westchester BOCES Department of Special Education is currently operating a Regional Demonstration Program for Preschool Handicapped Children which is funded by the United States Office of Education, Bureau for the Education of the Handicapped, Handicapped Children's Early Education Program. One important component of the classroom program for three and four year old handicapped children is the Transdisciplinary Team Approach. This approach allows a part-time group of clinical staff members to provide maximum input to the classroom teacher regarding diagnosis of child abilities and appropriate goals. This presentation will describe a method of staff training, child assessment and consultation service to teachers which utilizes minimal staff time and effectively aids in improving handicapped preschoolers skills.

When providing services for young children, clinical team members such as psychologist, social worker, speech and language therapist and physical therapist are often hired on a part-time basis (one to two days per week). Direct therapeutic services are, therefore, not feasible with each member's limited schedule. The method to be described arose from a need to insure quality services for youngsters by making maximum use of clinical team members time. For this reason, the Transdisciplinary Training, Assessing and Consulting Model was developed.

The model makes use of Transcisciplinary Team Members time in three areas. These include:

1) STAFF TRAINING - At the beginning of each school year, each member of the team, including the classroom teacher, presents a workshop which trains other team members. Each team member demonstrates what she assesses in a child and it's implications for the child's classroom and home program. This provides for "role extention", allowing others to understand relevant aspects of other discipline. At early stages of development, many assessments are redundant among team members and test the same item (for example, both the language therapist and school pshchologist may test knowledge of colors and shapes). The staff training allows team members to be aware of redundancies and decreases the number of times these items are assessed with the child.

2) CHILD ASSESSMENT: An "arena evaluation" then takes place for each child. This evaluation is short and includes all members of the transdisciplinary team, including classroom teacher and parents. The Transdisciplinary Assessment Model developed by the Regional

Demonstration Project Staff is utilized. This assessment utilizes parts of standardized tests as well as informal activities. This assessment reduces redundancy in testing and allows each team member to gain the specific information which she needs to arrive at suggested goals. A transdisciplinary team conference is then held which integrates all information into a systematic record and projects long term goals for the child's IEP. Several children are assessed each day through this approach. The advantage is that all team members have seen the child perform all activities and each has some knowledge of what other members are assessing. Parents and classroom teacher provide additional input as to the child's functioning based on the Portage Guide to Early Education and personal knowledge about the child. This process allows team members to identify possible interrelationships among weaknesses and skills and develop a truly individualized plan. Time is used effectively.

3) TEACHER CONSULTATION MODEL: After all the children have been assessed through the use of the Transdisciplinary Assessment Model, team members begin a consultant approach in working with teachers and parents. IEP's are closely monitored, improvement noted and suggestions given. Case conferences for each student occur at least four times a year. The teacher is always aware of the specific needs of the child as they relate to his total being. Each clinical team member practices "role release" and trains and monitors the teacher, parents, aides or parent volunteers in specific activities which should be carried out for each child on a regular basis.

This presentation will provide participants with a hands-on workshop format to learning how to use this model. The model will be reviewed. Participants will receive an outline of staff training workshops and the Transcisciplinary Assessment Model. They will view a videotape of the Project's Transdisciplinary Assessment. A case study will then be presented and small groups asked to identify goals based on the assessment. Participants will be asked to identify areas for "role release" and methods for training staff will be suggested.

mf
4/30/79

TD ASSESSMENTS - DATES

If a report exists from outside agency - no TD assessments needed:

DATE	CR OR NE ENTRY	STAFF	STUDENT

BOARD OF COOPERATIVE EDUCATIONAL SERVICES
Putnam/Northern Westchester Education Center
Yorktown Heights, New York 10598

TRANSDICIPLINARY DIAGNOSIS

STUDENT_____ DOB_____ CA_____

TEACHER_____ SCHOOL_____ AM_____ PM___

DATE OF EVALUATION_____ DISTRICT_____ COUNTY_____

DATE OF ENTRY_____

EDUCATIONAL HISTORY:

DIAGNOSTIC SUMMARY:

HANDICAPPING CONDITION:

RECOMMENDATIONS:

BOARD OF COOPERATIVE EDUCATIONAL SERVICES
Putnam/Northern Westchester Education Center
Yorktown Heights, New York 10598

SOCIAL WORK DIAGNOSTIC SUMMARY

STUDENT_____ DOB_____ CA_____

TEACHER_____ SCHOOL_____ AM_____ PM_____

DATE OF EVALUATION_____ DISTRICT_____ COUNTY_____

DATE OF ENTRY_____

SUMMARY SOCIAL DEVELOPMENTAL HISTORY:

IMPRESSIONS:

RECOMMENDATIONS:

BOARD OF COOPERATIVE EDUCATIONAL SERVICES
Putnam/Northern Westchester Education Center
Yorktown Heights, New York 10598

PSYCHOLOGICAL DIAGNOSTIC SUMMARY

STUDENT:_____ DOB_____ CA_____

TEACHER:_____ SCHOOL_____ AM___ PM_____

DATE OF EVALUATION_____ DISTRICT_____ COUNTY_____

DATE OF ENTRY_____

BEHAVIOR (Social & Testing):

COGNITIVE FUNCTIONING:

PERCEPTUAL FUNCTIONING:

PLAY BEHAVIOR/CLASSROOM OBSERVATION:

IMPRESSIONS:

RECOMMENDATIONS:

BOARD OF COOPERATIVE EDUCATIONAL SERVICES
Putnam/Northern Westchester education Center
Yorktown Heights, New York 10598

SPEECH & LANGUAGE DIAGNOSTIC SUMMARY

STUDENT_____ DOB_____ CA_____

TEACHER_____ SCHOOL_____ AM____ PM____

DATE OF EVALUATION_____ DISTRICT_____ COUNTY_____

DATE OF ENTRY_____

PERTINENT HISTORY:

LANGUAGE:

SPEECH:

PERIPHERAL SPEECH SYSTEM:

CLASSROOM OBSERVATIONS:

IMPRESSIONS:

RECOMMENDATIONS:

BOARD OF COOPERATIVE EDUCATIONAL SERVICES
Putnam/Northern Westchester Education Center
Yorktown Heights, New York 10598

EDUCATIONAL DIAGNOSTIC SUMMARY

STUDENT_____ DOB_____ CA_____

TEACHER_____ SCHOOL_____ AM_____ PM___

DATE OF EVALUATION_____ DISTRICT_____

DATE OF ENTRY_____
INTO PROGRAM

PROGRESS AND PRESENT LEVEL OF FUNCTIONING:

CLASSROOM BEHAVIOR:

IMPRESSIONS:

RECOMMENDATIONS:

BOARD OF COOPERATIVE E[illegible]TIONAL SERVICES
Putnam/Northern Westchester Education Center

SPECIAL EDUCATION DEPARTMENT
PRE-SCHOOL PROGRAM

NOTE: This form should be completed by external evaluator at the time of administration of each McCarthy scale.

McCARTHY SCALES OF CHILDREN'S ABILITIES

cher's Name: _____

e: _____

TUDENT'S NAME		DOB	Verbal	Percept. Perf.	Quanti-tive	Gen'l. Cognitive	Memory	Motor	Comments	Date of Test
	Pre:									
	Post:									
	Pre:									
	Post:									
	Pre:									
	Post:									
	Pre:									
	Post:									
	Pre:									
	Post:									
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	Pre:									
	Post:									
	Pre:									
	Post:									

BOARD OF COOPERATIVE [illegible]CATIONAL SERVICES
Putnam/Northern Wvatch[illegible]er Education Center

NOTE: This form shoul[illegible]
completed by ex[illegible]nal evaluato
at the time of administration
of each McCarthy scale.

SPECIAL EDUCATION DEPARTMENT
PRE-SCHOOL PROGRAM

McCARTHY SCALES OF CHILDREN'S ABILITIES

acher's Name: _____

te: _____

STUDENT'S NAME		DOB	Verbal	Percept. Perf.	Quanti-tive	Gen'l. Cognitive	Memory	Motor	Comments	Date of Test
	Pre:									
	Post:									
	Pre:									
	Post:									
	Pre:									
	Post:									
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	Post:									
	Pre:									
	Post:									
	Pre:									
	Post:									

McCARTHY SCALES OF CHILDREN'S ABILITIES

Record Form

NAME _____ AGE _____ SEX _____

HOME ADDRESS _____

NAMES OF PARENTS OR GUARDIAN _____

SCHOOL _____ GRADE _____

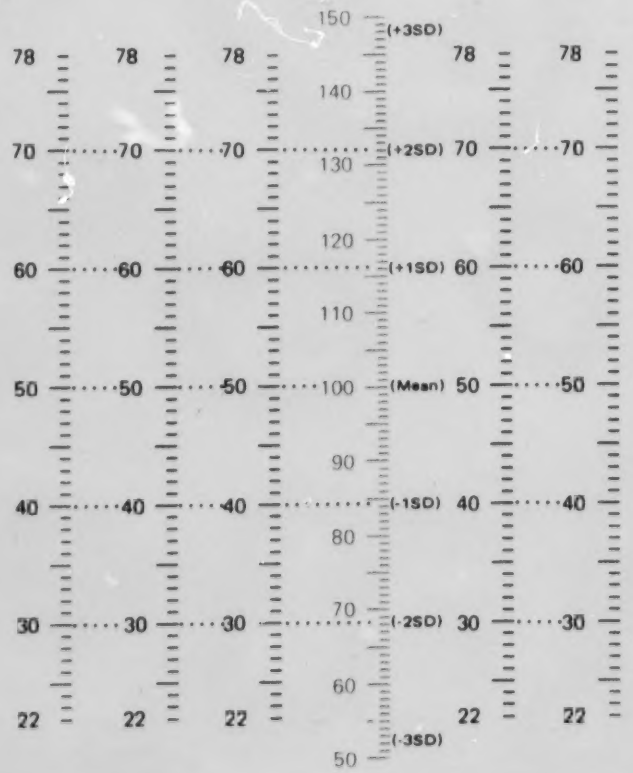
PLACE OF TESTING _____ TESTED BY _____

REFERRED BY _____

MSCA PROFILE

Enter the 6 Scale Indexes on the appropriate lines below. Then circle the mark representing the Index for each Scale. Draw a line connecting the circles. Note that the values for GC are different from those for the other Scales.

	Verbal	Perceptual-Performance	Quantitative	General Cognitive	Memory	Motor
SCALE INDEX						



	Year	Month	Day
Date Tested			
Date of Birth			
Age			

COMPOSITE RAW SCORES AND SCALE INDEXES

Enter the composite raw scores from the back cover. *Obtain the composite raw score for GC by adding V + P + Q.* Determine the corresponding Scale Indexes from Table 16. (See page 151 of manual for detailed directions.)

Scale	Composite Raw Score	Scale Index
Verbal (V)		
Perceptual-Performance (P)		
Quantitative (Q)		
General Cognitive: Add composite raw scores V + P + Q		GCI
Memory (Mem)		
Motor (Mot)		

LATERALITY

(Enter information from Laterality Summary on page 5.)

Hand _____

Eye _____

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The Psychological Corporation, New York, N.Y. 10017

Printed in U.S.A.

76-152AS 9-188731

1. BLOCK BUILDING

Discontinue after failure on both trials of 2 consecutive items.

	Score		Best Score
	Trial 1	Trial 2	
1. Tower	(0-3)	(0-3)	(0-3)
2. Chair	(0-2)	(0-2)	(0-2)
AGE 5 START → 3. Building	(0-2)	(0-2)	(0-2)
4. House	(0-3)	(0-3)	(0-3)

Total → Max.=10

Test 1

2. PUZZLE SOLVING

Discontinue after 3 consecutive failures.

	Time Limit	Performance Time	Circle Obtained Score*
1. Cat	30″		0 1
2. Cow	30″		0 1
AGE 5 START → 3. Carrot	30″		0 1 2
4. Pear	60″	(0″-60″)	0 1 2 3 4 5 (1″-20″)
5. Bear	90″	(0″-90″)	0 1 2 3 4 5 6 7 8 (31″-45″) 9 (1″-30″)
6. Bird	120″	(0″-120″)	0 1 2 3 4 5 6 7 8 (31″-60″) 9 (1″-30″)

*For items 4-6, bonus points for quick performance are given *only if the child completes the puzzle perfectly.*

Total Max.=27 × ½ =

Test 2
(Round half-scores up)

3. PICTORIAL MEMORY

Exposure Time	Response Time	Response	Score
Allow 30″	Allow 90″	Button ☐ Fork ☐ Paper Clip ☐ Horse ☐ Padlock ☐ Pencil ☐	(0-6)

Test 3

4. WORD KNOWLEDGE

Discontinue if score on Part I is less than 6. Discontinue Part II after 4 consecutive failures on that part.

PART I. PICTURE VOCABULARY

Card — Response	Score
1. Apple ☐ Tree ☐ House ☐ Woman ☐ Cow ☐	(0-5)
2. Clock	(0-1)
3. Sailboat	(0-1)
4. Flower	(0-1)
5. Purse	(0-1)
Total (Part I)	Max.=9

PART II. ORAL VOCABULARY

Discontinue Part II after 4 consecutive failures.

AGE 5* START →	Response	Score (0-2)
	1. Towel	
	2. Coat	
	3. Tool	
	4. Thread	
	5. Factory	
	6. Shrink	
	7. Expert	
	8. Month	
	9. Concert	
	10. Loyal	

For age 5, start at the indicated item. If items 1 and 2 of Part II are passed, give 9 points for Part I. (See manual.)

Total (Part II) Max.=20

114

Part I + Part II = Test 4

5. NUMBER QUESTIONS Discontinue after 4 consecutive failures.

	Right Answer	Response	Score (0-1)
1. Ears	Two		
2. Noses	One		
3. Heads	One		
4. Toys	Three		
5. Balloons	Two		
6. Candy	Six		
7. Pennies	Seven		
8. Apples	Twelve		
9. Crayons	Six		
10. Ball	Eighty		
11. Secret	Four		
12. Cookies	Three		
		Total	Max. = 12

× 2 = _____ Test 5

6. TAPPING SEQUENCE

	Tapping Order	Score Trial 1	Score Trial 2	Score Trial 3	Best Score
1.	1-2-3-4	(0-2)	(0-2)	(0-2)	(0-2)

Continue only if child plays item 1 correctly, and discontinue after 2 consecutive failures on items 2-8. Score (0-1)

2.	1-3-4	
3.	2-4-1	
4.	4-1-2-3	
5.	2-3-1-4	
6.	1-4-3-2-3	
7.	4-2-3-1-2	
8.	1-2-4-3-2-1	

Total Max.=9

Test 6

7. VERBAL MEMORY Discontinue Part I after 3 consecutive failures. If child earns 8 or more points (out of 30) on Part I, give Part II.

PART I. WORDS AND SENTENCES	Score
1. toy - chair - light	(0-3)
2. doll - dark - coat	(0-3)
3. after - color - funny - today	(0-4)
4. around - because - under - never	(0-4)
Do NOT stress the underlined words in items 5 and 6.	
5. The boy said good-bye to his dog every morning before he went to school.	(0-7)
6. The girl tied a pretty pink ribbon on her doll before she went out.	(0-9)
Total (Part I)	Max. = 30

× ½ = _____ (Round half-scores up)

Test 7, Part I

PART II. STORY Give Part II if child earned 8 or more points (out of 30) on Part I. Response	Score (0-1)
1. Term used for Bob	
2. Term used for the woman	
3. Term used for the letters	
4. Bob walking to store	
5. Bob saw woman	
6. Wind blew letters	
7. Bob shouted, "I'll get them for you!"	
8. Bob was careful	
9. Bob picked up letters	
10. Woman was happy	
11. Woman thanked Bob	
Total (Part II)	Max. = 11

Test 7, Part II

8. RIGHT-LEFT ORIENTATION

Administer only to children aged 5 and above. Discontinue after failure on 5 consecutive items.

	Score (0-1)
1. Show me your right hand.	
2. Which is your left ear?	
*3. Touch your right eye with your left hand.	
4. Put your chin in your left hand.	
5. Cross your left knee over your right one.	
6. Show me Roger's left knee.	
7. Show me Roger's right elbow.	
*8. Show me Roger's left foot with your right hand.	
*9. Put your right hand on Roger's right shoulder.	

*Enter score for each part separately. *Both* parts must be failed for the item to be considered a failure.

Total — Max.=12

Test 8

9. LEG COORDINATION

Discontinue after item 5 if both trials of items 1-5 are failed.

	Score Trial 1	Score Trial 2	Best Score	Notes
1. Walking backwards	(0-2)	(0-2)	(0-2)	
2. Walking on tiptoe	(0-2)	(0-2)	(0-2)	
3. Walking a straight line	(0-2)	(0-2)	(0-2)	
4. Standing on one foot	(0-2)	(0-2)	(0-2)	
5. Standing on other foot	(0-2)	(0-2)	(0-2)	
6. Skipping	(0-3)	(0-3)	(0-3)	

Total — Max.=13

Test 9

10. ARM COORDINATION

Give Part II even if Part I is failed. Discontinue Part II if all 3 trials of item 1, Part II, are failed. Give Part III even if Part II is failed.

PART I: BALL BOUNCING

Trial 1 Number of Bounces	Trial 1 Score	Trial 2 Number of Bounces	Trial 2 Score	Best Score	Preferred Hand
(0-15)	(0-7)	(0-15)	(0-7)	(0-7)	R L B

(Part I)

Number of Bounces	Score
15	7
12-14	6
9-11	5
6-8	4
3-5	3
2	2
1	1
0	0

PART II: BEANBAG CATCH GAME

Give Part II even if Part I is failed. Discontinue Part II if all 3 trials of item 1 are failed.

	Trial	Score (0-1)	Preferred Hand
1. Both hands	1		
	2		
	3		
2. Preferred hand	1		R L
	2		
	3		
3. Other hand	1		
	2		
	3		

Total (Part II) — Max. = 9

PART III: BEANBAG TARGET GAME

Give Part III even if Part II is failed.

	Trial	Score (0-2)	Preferred Hand
1. Preferred hand	1		R L
	2		
	3		
2. Other hand	1		
	2		
	3		

Total (Part III) — Max. = 12

11. IMITATIVE ACTION

	Score (0-1)	Eye Used
1. Cross feet		
2. Fold hands		
3. Twiddle thumbs		
4. Sight through tube		R L

Total — Max.=4

Test 11

[ ] Part I + [ ] Part II + [ ] Part III = [ ] Test 10

12. DRAW-A-DESIGN

Discontinue after 3 consecutive failures.

	Pass-Fail	Score	Preferred Hand
1.		(0-1)	R L B
2.		(0-1)	R L B
3.		(0-1)	R L B
4.		(0-2)	R L B
5.		(0-2)	R L B
6.		(0-3)	R L B
7.		(0-3)	R L B
8.		(0-3)	R L B
9.		(0-3)	R L B

Total: Max.=19

Test 12

13. DRAW-A-CHILD

Administer only if child earned 1 or more points on Test 12.

	Score (0-2)	Preferred Hand	Child's Comments
1. Head		R L B	
2. Hair			
3. Eyes			
4. Nose			
5. Mouth			
6. Neck			
7. Trunk			
8. Arms and hands			
9. Attachment of arms			
10. Legs and feet			

Total: Max.=20

Test 13

LATERALITY SUMMARY

HAND DOMINANCE

Test 10, Part I	Ball bouncing	R	L	B
Test 10, Part II, item 2	Beanbag catch	R	L	
Test 10, Part III, item 1	Beanbag throw	R	L	
Tests 12 & 13, all items	Drawing	R	L	B
	Totals	R	L	B

HAND DOMINANCE

Check one: (See pages 148-149 of manual.)

- ☐ Dominance Established (Right-Handed)
- ☐ Dominance Established (Left-Handed)
- ☐ Dominance Not Established
- ☐ Not Scorable

EYE USED IN SIGHTING (Test 11, item 4)

Check one: (See page 149 of manual.)

- ☐ Right
- ☐ Left
- ☐ Not Scorable

14. NUMERICAL MEMORY

Discontinue Part I after failure on *both* trials of any item. If child earns 3 or more points on Part I, give Part II and discontinue after failure on *both* trials of any item.

PART I. FORWARD SERIES	Trial 1	Trial 2	Score (0-2)
1.	5 - 8	4 - 9	
2.	6 - 9 - 2	5 - 8 - 3	
3.	3 - 8 - 1 - 4	6 - 1 - 8 - 5	
4.	4 - 1 - 6 - 9 - 2	9 - 4 - 1 - 8 - 3	
5.	5 - 2 - 9 - 6 - 1 - 4	8 - 5 - 2 - 9 - 4 - 6	
6.	8 - 6 - 3 - 5 - 2 - 9 - 1	5 - 3 - 8 - 2 - 1 - 9 - 6	

Total (Part I) — Max.=12

Test 14, Part I

PART II. BACKWARD SERIES	Trial 1	Trial 2	Score (0-2)
1.	9 - 6	4 - 1	
2.	1 - 8 - 3	2 - 5 - 8	
3.	5 - 2 - 4 - 9	6 - 1 - 8 - 3	
4.	1 - 6 - 3 - 8 - 5	6 - 9 - 5 - 2 - 8	
5.	4 - 9 - 6 - 2 - 1 - 5	3 - 8 - 1 - 6 - 2 - 9	

Total (Part II) — Max. = 10

× 2 =

Test 14, Part II

15. VERBAL FLUENCY

	Time Limit	Record Responses Verbatim	Score (0-9)
1. Things to eat Examples: bread, potatoes	20″		
2. Animals Examples: cat, bear	20″		
3. Things to wear Example: shoes	20″		
4. Things to ride Example: bus	20″		

Total — Max.=36

Test 15

16. COUNTING AND SORTING

If child passed 9 or more items on Test 5, give full credit on Test 16. Otherwise, administer Test 16 and discontinue after 4 consecutive failures.

	Score (0-1)
1. Takes 2 blocks	
2. Takes 3 more blocks	
3. Answer: 5	
4. Puts 2 blocks on each card	
5. Answer: 2	
6. Puts 5 blocks on each card	
7. Answer: 5	
8. Point: 2nd block from left	
9. Point: 4th block from right	

Total — Max.=9

Test 16

17. OPPOSITE ANALOGIES

	Score (0-1)
1. The sun is *hot*, and ice is _____.	
2. I throw the ball *up*, and then it comes _____.	
Continue only if child answers at least one of items 1 and 2 correctly, and discontinue after 3 consecutive failures on items 3-9.	X
3. An elephant is *big*, and a mouse is _____.	
4. Running is *fast*, and walking is _____.	
5. Cotton is *soft*, and rocks are _____.	
6. A lemon is *sour*, and candy is _____.	
7. Feathers are *light*, and stones are _____.	
8. Syrup is *thick*, and water is _____.	
9. Sandpaper is *rough*, and glass is _____.	
Total	Max. = 9

× 2 = ____

Test 17

18. CONCEPTUAL GROUPING

Discontinue after 4 consecutive failures.

	Number Right	Number Wrong	Right Minus Wrong	Score
1. Little, big				(0-1)
2. Red, yellow, blue				(0-1)
3. Square, round				(0-1)
	Number Right	Number Wrong	Right Minus Wrong	X
4. Square blocks	(0-6)	(0-6)	(0-6)	(0-2)
5. Big yellow blocks	(0-2)	(0-10)	(0-2)	(0-2)
6. Big round red block				(0-1)
7. Small blue square				(0-1)
8. Large blue square				(0-1)
9. Large yellow circle and small yellow square				(0-2)
			Total	Max.=12

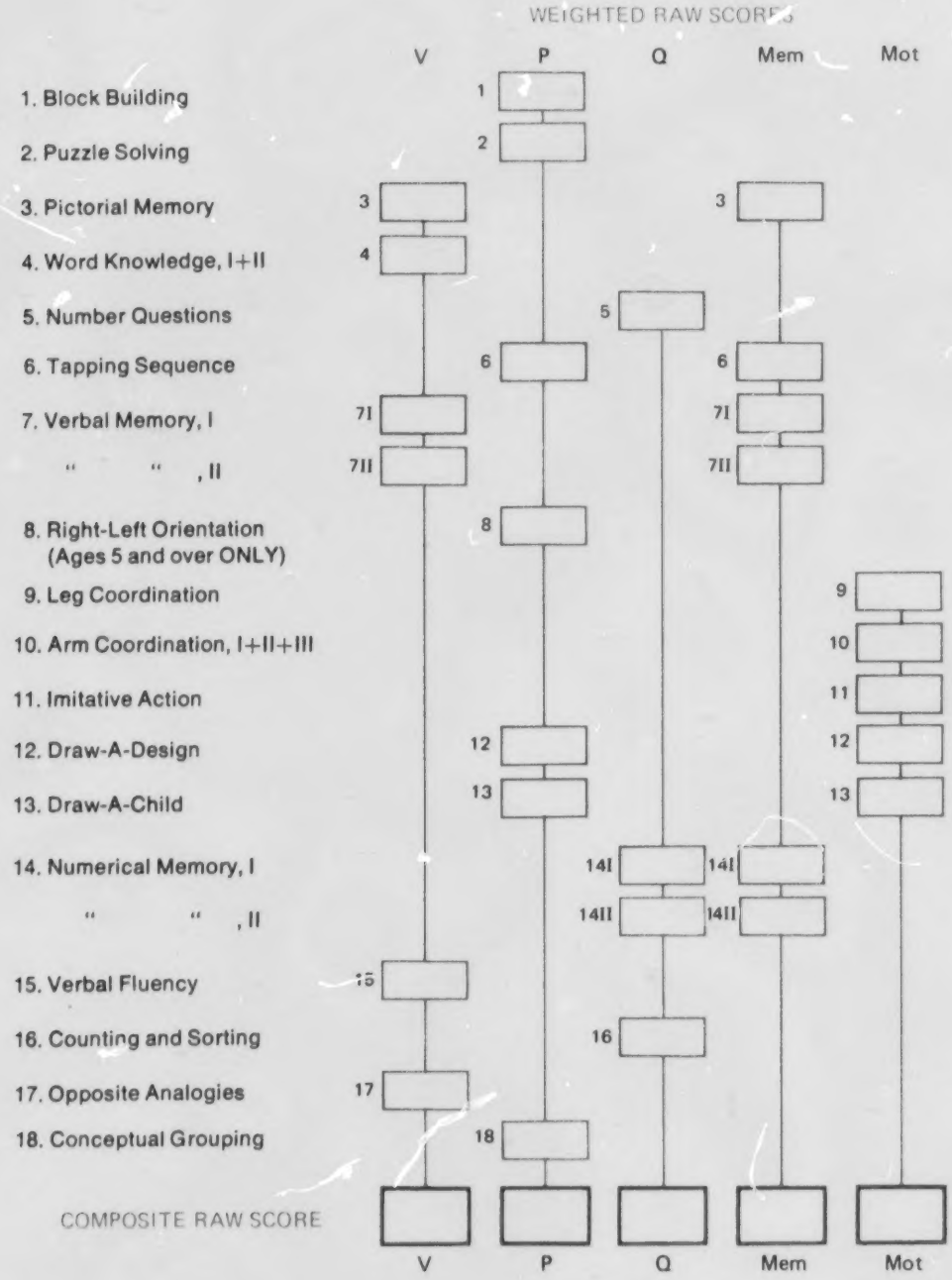
Test 18

NOTES:

COMPUTATION OF COMPOSITE RAW SCORES

1. Enter the *weighted raw scores* which are in the shaded boxes on pages 2-7 of the record form. For each test, enter the score in the box(es) bearing that test's number. (For example, the score for Test 3 is entered in 2 boxes.)
2. Sum the scores in each of the 5 columns. Enter the totals in the *composite raw score* boxes at the foot of the page.
3. Transfer the *composite raw scores* to the front cover. (Open the booklet and turn it over so that the front and back covers are side by side.) Enter the scores in the Composite Raw Score column in the box labeled "Composite Raw Scores and Scale Indexes."

(For more detailed directions on the completion of the record form, see Chapter 7 of manual.)



104 105 106 107 108 109 110 A B C D E

120

Name _____ Examiner _____ Date _____

McCARTHY SCALES OF CHILDREN'S ABILITIES

Drawing Booklet

TEST 12. DRAW-A-DESIGN

TEST 13. DRAW-A-CHILD

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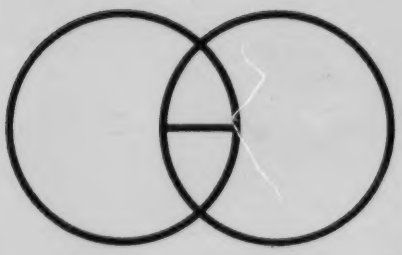

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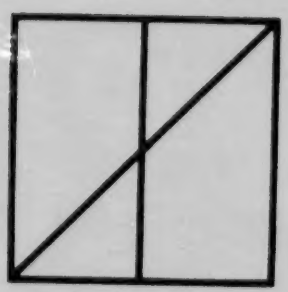

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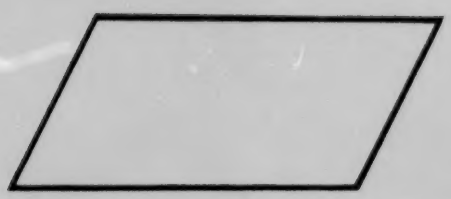

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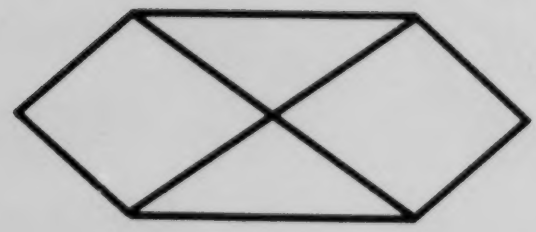

III-G-3

BAYLEY SCALES OF INFANT DEVELOPMENT

MENTAL SCALE RECORD FORM

NAME _____ AGE _____ SEX _____

	Year	Month	Day
Date Tested			
Date of Birth			
Age			

	Raw Score	Development Index*
Mental Scale		(MDI)
Motor Scale		(PDI)

*The standard score for the Mental Scale is called the MDI (for Mental Development Index); for the Motor Scale it is the PDI (for Psychomotor Development Index). See Manual for discussion.

NOTES:

Note.—If both the MENTAL SCALE and the MOTOR SCALE are administered to the child, the information below need only be filled in on the Record Form for the MENTAL SCALE.

ADDRESS _____

BIRTHPLACE _____

BIRTH WEIGHT _____ BIRTH ORDER _____

PRENATAL OR BIRTH DIFFICULTIES _____

CHILD'S HEALTH _____

PARENT'S NAME _____

FATHER: EDUCATION _____ OCCUPATION _____

MOTHER: EDUCATION _____ OCCUPATION _____

HOUSEHOLD COMPOSITION

	Father	Mother	Siblings								Other Children		
			1	2	3	4	5	6	7	8	1	2	3
Check if Present in Household													
Approximate Age													
Sex (M for Male, F for Female)													
Comments:													

PLACE OF TESTING _____

TESTED BY _____

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69-101AS

To score: Check P (Pass) or F (Fail). If "Other," mark O (Omit), R (Refused), or RPT (Reported by mother).

Item No.	Age Placement and Range (Months)	Situation	Item Title	Score			Notes
				P	F	Other	
1	0.1	A	Responds to sound of bell				
2	0.1	B	Quiets when picked up				
3	0.1 (.1-3)	C	Responds to sound of rattle				
4	0.1 (.1-4)		Responds to sharp sound: click of light switch				
5	0.1 (.1-1)	D	Momentary regard of red ring				
6	0.2 (.1-1)	E	Regards person momentarily				
7	0.4 (.1-2)	D	Prolonged regard of red ring				
8	0.5 (.1-2)	D	Horizontal eye coordination: red ring				
9	0.7 (.3-3)	F	Horizontal eye coordination: light				
10	0.7 (.3-2)	E	Eyes follow moving person				
11	0.7 (.3-2)	E	Responds to voice				
12	0.8 (.3-3)	F	Vertical eye coordination: light				
13	0.9 (.5-3)	G	* Vocalizes once or twice				
14	1.0 (.5-3)	D	Vertical eye coordination: red ring				
15	1.2 (.5-3)	F	Circular eye coordination: light				
16	1.2 (.5-3)	D	Circular eye coordination: red ring				
17	1.3 (.5-3)	G	* Free inspection of surroundings				
18	1.5 (.5-4)	E	Social smile: E talks and smiles				
19	1.6 (.7-4)	D	Turns eyes to red ring				
20	1.6 (.5-4)	F	Turns eyes to light				
21	1.6 (.5-5)	G	* Vocalizes at least 4 times				
22	1.7 (1-4)	B	Anticipatory excitement				
23	1.7 (.5-5)		Reacts to paper on face				
24	1.9 (1-4)		Blinks at shadow of hand				
25	2.0 (1-5)	E	Visually recognizes mother				

* May be observed incidentally.

To score: Check P (Pass) or F (Fail). If "Other," mark O (Omit), R (Refused), or RPT (Reported by mother).

Item No.	Age Placement and Range (Months)	Situation	Item Title	Score P	Score F	Score Other	Notes
26	2.1 (1-6)	E	Social smile: E smiles, quiet				
27	2.1 (1-6)	E	* Vocalizes to E's social smile and talk				
28	2.2 (1-5)	AC	Searches with eyes for sound (Specify)				____Bell ____Rattle
29	2.3 (1-5)		Eyes follow pencil				
30	2.3 (1-5)	G	* Vocalizes 2 different sounds				
31	2.4 (1-5)	E	Reacts to disappearance of face				
32T‡	2.5 (1-5)	H	Regards cube				
33	2.6 (1-5)	D^1	Manipulates red ring				
34	2.6 (1-5)	AC	Glances from one object to another				
35	2.6 (1-6)	B	Anticipatory adjustment to lifting				
36	2.8 (2-5)	C	Simple play with rattle				
37	3.1 (1-5)	D^1	Reaches for dangling ring				
38T	3.1 (2-5)		Follows ball visually across table				
39	3.2 (1-6)	G^1	* Fingers hand in play				
40T	3.2 (1-5)	D^1	Head follows dangling ring				
41T	3.2 (1-6)	I	Head follows vanishing spoon				
42	3.3 (2-6)	G^1	* Aware of strange situation				
43T	3.3 (2-6)	G^2	* Manipulates table edge slightly				
44	3.8 (2-6)	D^1	Carries ring to mouth				
45	3.8 (2-6)	G^1	* Inspects own hands				
46	3.8 (2-6)	D^1	Closes on dangling ring (Check hand preference)				____Right ____Left ____None
47	3.8 (2-6)	A	Turns head to sound of bell				
48	3.9 (2-6)	C	Turns head to sound of rattle				
49	4.1 (2-6)	H	Reaches for cube				
50	4.3 (2-7)	G^2	* Manipulates table edge actively				

* May be observed incidentally.

‡ See Manual, Chapter 4, for explanation of "T."

To score: Check P (Pass) or F (Fail). If "Other," mark O (Omit), R (Refused), or RPT (Reported by mother).

Item No.	Age Placement and Range (Months)	Situation	Item Title	Score P	Score F	Score Other	Notes
51	4.4 (2-6)	H	Eye-hand coordination in reaching				
52	4.4 (2-7)	J	Regards pellet				
53	4.4 (2-7)	K	Mirror image approach				
54	4.6 (3-7)	H	Picks up cube (Check hand preference)				____Right ____Left ____None
55	4.6 (3-8)	G[1]	* Vocalizes attitudes (Describe)				Pleasure: Displeasure: Eagerness: Satisfaction:
56	4.7 (3-7)	H	Retains 2 cubes				
57	4.8 (3-7)		Exploitive paper play				
58	4.8 (3-8)	E[1]	* Discriminates strangers				
59	4.9 (4-8)	C	Recovers rattle, in crib				
60	5.0 (3-8)	H	Reaches persistently				
61	5.1 (3-8)	E[1]	Likes frolic play				
62	5.2 (4-8)	I	Turns head after fallen spoon				
63	5.2 (4-8)	L	Lifts inverted cup				
64	5.4 (4-8)	H	Reaches for 2nd cube				
65	5.4 (3-12)	K	Smiles at mirror image				
66	5.4 (4-8)	G[2]	* Bangs in play				
67	5.4 (4-8)	D[2]	Sustained inspection of ring				
68	5.4 (4-8)	D[2]	Exploitive string play				
69	5.5 (4-8)	G[2]	* Transfers object hand to hand				
70	5.7 (4-8)	H	Picks up cube deftly and directly				
71	5.7 (4-8)	D[2]	Pulls string: secures ring				
72	5.8 (4-8)	G[2]	* Interest in sound production				
73	5.8 (4-11)	L	Lifts cup with handle				

* May be observed incidentally.

To score: Check P (Pass) or F (Fail). If "Other," mark O (Omit), R (Refu... eported by mother).

Item No.	Age Placement and Range (Months)	Situation	Item Title	Score P	Score F	Score Other	Notes
74	5.8 (4-10)	M	Attends to scribbling				
75	6.0 (5-10)	I	Looks for fallen spoon				
76	6.2 (4-12)	K	Playful response to mirror				
77	6.3 (4-10)	H	Retains 2 of 3 cubes offered				
78	6.5 (5-10)	A^1	Manipulates bell: interest in detail				
79	7.0 (5-12)	G^3	* Vocalizes 4 different syllables				
80	7.1 (5-10)	D^2	Pulls string adaptively: secures ring				
81	7.6 (5-12)	E^1	Cooperates in games				Note skill at pat-a-cake for Motor Scale item 44
82	7.6 (5-14)	H	Attempts to secure 3 cubes				
83	7.8 (5-13)	A^1	Rings bell purposively				
84	7.9 (5-14)	N	* Listens selectively to familiar words				
85	7.9 (5-14)	G^3	* Says "da-da" or equivalent				
86	8.1 (6-12)	H^1	Uncovers toy				
87	8.9 (6-12)	O	Fingers holes in peg board				
88	9.0 (6-14)	L	Picks up cup: secures cube				
89	9.1 (6-14)	N	Responds to verbal request				
90	9.4 (6-13)	L	Puts cube in cup on command (Note number placed)				Items 90, 100, 114 ____No. of cubes
91	9.5 (8-14)	P	Looks for contents of box				
92	9.7 (8-15)	L	Stirs with spoon in imitation				
93	10.0 (7-16)	Q	Looks at pictures in book				
94	10.1 (7-17)	M	Inhibits on command				
95	10.4 (7-15)	M	Attempts to imitate scribble				
96	10.5 (8-17)	H^1	Unwraps cube				
97	10.8 (8-17)	E^1	* Repeats performance laughed at				
98	11.2 (8-15)	M	Holds crayon adaptively				

* May be observed incidentally.

To score: Check P (Pass) or F (Fail). If "Other," mark O (Omit), R (Refused), or RPT (Reported by mother).

Item No.	Age Placement and Range (Months)	Situation	Item Title	Score			Notes
				P	F	Other	
99	11.3 (8-15)		Pushes car along				
100	11.8 (9-18)	L	Puts 3 or more cubes in cup				
101	12.0 (9-18)	G[2]	* Jabbers expressively				
102	12.0 (9-17)	P	Uncovers blue box				
103	12.0 (8-18)	Q	Turns pages of book				
104	12.2 (8-19)		Pats whistle doll, in imitation				
105	12.4 (7-18)	D[2]	Dangles ring by string				
106	12.5 (9-18)	N	* Imitates words (Record words used)				
107	12.9 (10-17)	P	Puts beads in box (6 of 8)				
108	13.0 (10-17)	O	Places 1 peg repeatedly				
109	13.4 (10-19)	J	Removes pellet from bottle				
110	13.6 (10-20)	R	Blue board: places 1 round block (Specify)				Items 110, 121, 129, 142, 155, 159, 160 _____No. round placed _____No. square placed _____Completion time
111	13.8 (10-19)	H[1]	Builds tower of 2 cubes (Note number of cubes)				Items 111, 119, 143, 161 _____No. of cubes
112	14.0 (10-21)	M	Spontaneous scribble				
113	14.2 (10-23)	G[3]	* Says 2 words (Note words)				Heard: Reported:
114	14.3 (11-20)	L	Puts 9 cubes in cup				
115	14.6 (10-20)	P	Closes round box				
116	14.6 (11-19)		* Uses gestures to make wants known				
117	15.3 (11-23)	N	Shows shoes or other clothing, or own toy				
118	16.4 (13-20)	O	Pegs placed in 70 seconds (Note times)				Items 118, 123, 134, 156 Trial 1 2 3 Time _____ _____ _____
119	16.7 (13-21)	H[1]	Builds tower of 3 cubes				
120	16.8 (12-26)	S	Pink board: places round block (Specify)				Items 120, 137, 151 _____Round placed _____All placed _____All placed (reversed board)
121	17.0 (12-26)	R	Blue board: places 2 round blocks				

* May be observed incidentally.

To score: Check P (Pass) or F (Fail). If "Other," mark O (Omit), R (Refused), or RPT (Reported by mother).

Item No.	Age Placement and Range (Months)	Situation	Item Title	Score P	Score F	Score Other	Notes
122	17.0 (12-24)		Attains toy with stick				
123	17.6 (14-22)	O	Pegs placed in 42 seconds				
124	17.8 (13-27)	T	Names 1 object (Check objects named)				Items 124, 138, 146 ____Ball ____Scissors ____Watch ____Cup ____Pencil
125	17.8 (13-26)	M	Imitates crayon stroke				
126	17.8 (14-26)	U	Follows directions, doll (Check parts passed)				____Chair ____Cup ____Handkerchief
127	18.8 (14-27)	G²	* Uses words to make wants known				
128	19.1 (15-26)	U	Points to parts of doll (Check parts recognized)				____Hair ____Eyes ____Mouth ____Feet ____Ears ____Nose ____Hands
129	19.3 (14-30+)	R	Blue board: places 2 round and 2 square blocks				
130	19.3 (14-27)	V	Names 1 picture (Check list)				Items 130, 132, 139, 141, 148, 149 Names / Points Dog ____ ____ Shoe ____ ____ Cup ____ ____ House ____ ____ Clock ____ ____ Flag ____ ____ Star ____ ____ Leaf ____ ____ Purse ____ ____ Book ____ ____ No. Named____ ____No. Pointed
131	19.7 (14-30+)		Finds 2 objects (Check successful trials)				Trial 1 2 3 Ball ____ ____ ____ Rabbit ____ ____ ____
132	19.9 (16-28)	V	Points to 3 pictures (Check list at item 130)				
133	19.9 (15-27)	W	Broken doll: mends marginally				
134	20.0 (16-29)	O	Pegs placed in 30 seconds				
135	20.5 (14-30+)	M	Differentiates scribble from stroke				
136	20.6 (16-30)	G²	* Sentence of 2 words				
137	21.2 (16-30+)	S	Pink board: completes				
138	21.4 (16-30)	T	Names 2 objects				
139	21.6 (17-30+)	V	Points to 5 pictures (Check list at item 130)				

* May be observed incidentally.

To score: Check P (Pass) or F (Fail). If "Other," mark O (Omit), R (Refused), or RPT (Reported by mother).

Item No.	Age Placement and Range (Months)	Situation	Item Title	Score			Notes
				P	F	Other	
140	21.9 (15-30)	W	Broken doll: mends approximately				
141	22.1 (17-30+)	V	Names 3 pictures (Check list at item 130)				
142	22.4 (16-30+)	R	Blue board: places 6 blocks				
143	23.0 (17-30+)	H'	Builds tower of 6 cubes				
144	23.4 (16-30+)	X	Discriminates 2: cup, plate, box (Check which)				Items 144, 152 ____Cup ____Box ____Plate ____All
145	23.8 (17-30+)	Y	Names watch, 4th picture (Check at which named)				Items 145, 150 ____5th picture ____3rd picture ____4th picture ____2nd picture
146	24.0 (17-30+)	T	Names 3 objects				
147	24.4 (19-30+)	M	Imitates strokes: vertical and horizontal				
148	24.7 (19-30+)	V	Points to 7 pictures (Check list at item 130)				
149	25.0 (19-30+)	V	Names 5 pictures (Check list at item 130)				
150	25.2 (18-30+)	Y	Names watch, 2nd picture				
151	25.4 (18-30+)	S	Pink board: reversed				
152	25.6 (18-30+)	X	Discriminates 3: cup, plate, box				
153	2[illegible].1 (16-30+)	W	Broken doll: mends exactly				
154	26.1 (19-30+)	H'	Train of cubes				
155	26.3 (19-30+)	R	Blue board: completes in 150 seconds				
156	26.6 (19-30+)	O	Pegs placed in 22 seconds				
157	27.9 (22-30+)	M	Folds paper				
158	28.2 (22-30+)	Z	Understands 2 prepositions				
159	30.0 (22-30+)	R	Blue board: completes in 90 seconds				
160	30+ (22-30+)	R	Blue board: completes in 60 seconds				
161	30+ (22-30+)	H'	Builds tower of 8 cubes				
162	30+ (21-30+)	H'	Concept of one				
163	30+ (23-30+)	Z	Understands 3 prepositions				

Portage Project, CESA 12, Box 564, Portage, Wisconsin 53901, U.S.A.

Portage Guide To Early Education

Child's Name _____

D.O.B. _____

Instructor _____

Program Year _____

Instructor _____

Program Year _____

Instructor _____

Program Year _____

S. Bluma, M. Shearer, A. Frohman, and J. Hilliard

CHECKLIST

information log

Child's Age	Event	Date Accomplished	Comments

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Age Level	Card	Behavior	Entry Behavior	Date Achieved	Comments
Infant	1	General visual stimulation (Under six weeks)	✓	/ /	
	2	General visual stimulation (six weeks and older)		/ /	
	3	General tactile stimulation (Under six weeks)		/ /	
	4	General tactile stimulation (six weeks and older)		/ /	
	5	General auditory stimulation (Under six weeks)		/ /	
	6	General auditory stimulation (six weeks and older)		/ /	
	7	Sucks		/ /	
	8	Moves head to side while lying on back		/ /	
	9	Opens mouth for bottle or breast when nipple touches mouth		/ /	
	10	Indicates sensitivity to body contact by quieting, crying, or body movement		/ /	
	11	Turns head toward nipple when his cheek is touched		/ /	
	12	Looks in direction of sound or changes body movement in response to sound		/ /	
	13	Looks at person attempting to gain his attention by talking or movement		/ /	
	14	Quiets or changes body movement in response to presence of person		/ /	
	15	Shows by body movements or cessation of crying, response to adult voice		/ /	
	16	Lifts and momentarily supports head when held with head at shoulder		/ /	
	17	Cries differentially due to different discomforts		/ /	
	18	Falls asleep at appropriate times		/ /	
	19	Thrusts arms about—no direction		/ /	
	20	Follows an object, visually, moved past midline of body		/ /	
	21	Smiles		/ /	
	22	Follows light with eyes, turning head		/ /	
	23	Follows sound, moving head		/ /	
	24	Regards hand		/ /	
	25	Kicks vigorously while on back		/ /	
	26	Opens mouth, begins sucking prior to nipple touching mouth		/ /	
	27	Maintains eye contact 3 seconds		/ /	

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Age Level	Card	Behavior	Entry Behavior	Date Achieved	Comments
Infant	28	Moves head while lying on stomach, up, down, side to side		/ /	
	29	Swipes at objects		/ /	
	30	Holds head up while on stomach, 5 seconds		/ /	
	31	Follows object with eyes across 180° arc		/ /	
	32	Searches for sound by turning head in direction of sound		/ /	
	33	Controls head and shoulders when sitting propped with pillow		/ /	
	34	Coos and gurgles when content		/ /	
	35	Reaches for object and attempts to grasp it		/ /	
	36	Holds head erect and steadily while being carried upright		/ /	
	37	Holds object using palmar grasp 30 seconds with involuntary release		/ /	
	38	Repeats own sound		/ /	
	39	Holds head and chest erect while on stomach and supported on forearms		/ /	
	40	Opens mouth when he sees spoonful of food		/ /	
	41	Laughs		/ /	
	42	Shows recognition of family member by smiles or cessation of crying		/ /	
	43	Attempts to roll over using shoulders		/ /	
	44	Moves thumb in opposition to other four fingers		/ /	
	45	Babbles (series of syllables)		/ /	

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Age Level	Card	Behavior	Entry Behavior	Date Achieved	Comments
0-1	1	Watches person moving directly in line of vision		/ /	
	2	Smiles in response to attention by adult		/ /	
	3	Vocalizes in response to attention		/ /	
	4	Looks at own hands, often smiles or vocalizes		/ /	
	5	Responds to being in family circle by smiling, vocalizing, or ceasing to cry		/ /	
	6	Smiles in response to facial expression of others		/ /	
	7	Smiles and vocalizes to mirror image		/ /	
	8	Pats and pulls at adult facial features (hair, nose, glasses, etc.)		/ /	
	9	Reaches for offered object		/ /	
	10	Reaches for familiar persons		/ /	
	11	Reaches for, and pats at mirror image or another infant		/ /	
	12	Holds and examines offered object for at least a minute		/ /	
	13	Shakes or squeezes object placed in hand, making sounds unintentionally		/ /	
	14	Plays unattended for 10 minutes		/ /	
	15	Seeks eye contact often when attended for 2-3 minutes		/ /	
	16	Plays alone contentedly near adult activity 15-20 minutes		/ /	
	17	Vocalizes to gain attention		/ /	
	18	Imitates peek-a-boo		/ /	
	19	Claps hands, (pat-a-cake) in imitation of adult		/ /	
	20	Waves bye-bye in imitation of adult		/ /	
	21	Raises arms—"so big" in imitation of adult		/ /	
	22	Offers toy, object, bit of food to adult, but does not always release it		/ /	
	23	Hugs, pats, kisses familiar persons		/ /	
	24	Shows response to own name by looking or reaching to be picked up		/ /	
	25	Squeezes or shakes toy to produce sound in imitation		/ /	
	26	Manipulates toy or object		/ /	
	27	Extends toy or object to adult and releases		/ /	

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Age Level	Card	Behavior	Entry Behavior	Date Achieved	Comments
	28	Imitates movements of another child at play		/ /	
1-2	29	Imitates adult in simple task (shakes clothes, pulls at bedding, holds silverware)		/ /	
	30	Plays with one other child, each doing separate activity		/ /	
	31	Takes part in game, pushing car or rolling ball with another child 2-5 minutes		/ /	
	32	Accepts parents' absence by continuing activities, may momentarily fuss		/ /	
	33	Actively explores his environment		/ /	
	34	Takes part in manipulative game (pulls string, turns handle) with another person		/ /	
	35	Hugs and carries doll or soft toy		/ /	
	36	Repeats actions that produce laughter and attention		/ /	
	37	Hands book to adult to read or share with him		/ /	
	38	Pulls at another person to show them some action or object		/ /	
	39	Withdraws hand, says "no-no" when near forbidden object with reminders		/ /	
	40	Waits for needs to be met when placed in high chair or on changing table		/ /	
	41	Plays with 2 or 3 peers		/ /	
	42	Shares object or food when requested with one other child		/ /	
	43	Greets peers and familiar adults when reminded		/ /	
2-3	44	Cooperates with parental request 50% of the time		/ /	
	45	Can bring or take object or get person from another room on direction		/ /	
	46	Attends to music or stories 5-10 minutes		/ /	
	47	Says "please" and "thank you" when reminded		/ /	
	48	Attempts to help parent with tasks by doing a part of the chore (holding dust pan)		/ /	
	49	Plays "dress-up" in adult clothes		/ /	
	50	Makes a choice when asked		/ /	
	51	Shows understanding of feelings by verbalizing love, mad, sad, laugh, etc.		/ /	
3-4	52	Sings and dances to music		/ /	
	53	Follows rules by imitating actions of other children		/ /	
	54	Greets familiar adults without reminder		/ /	

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Age Level	Card	Behavior	Entry Behavior	Date Achieved	Comments
	55	Follows rules in group games led by adult		/ /	
	56	Asks permission to use toy that peer is playing with		/ /	
	57	Says "please" and "thank you" without reminder 50% of the time		/ /	
	58	Answers telephone, calls for adult or talks to familiar person		/ /	
	59	Will take turns		/ /	
	60	Follows rules in group games led by an older child		/ /	
	61	Cooperates with adult requests 75% of the time		/ /	
	62	Stays in own yard area		/ /	
	63	Plays near and talks with other children when working on own project (30 minutes)		/ /	
4-5	64	Asks for assistance when having difficulty (with bathroom or getting a drink)		/ /	
	65	Contributes to adult conversation		/ /	
	66	Repeats rhymes, song, or dances for others		/ /	
	67	Works alone at chore for 20-30 minutes		/ /	
	68	Apologizes without reminder 75% of the time		/ /	
	69	Will take turns with 8-9 other children		/ /	
	70	Plays with 2-3 children for 20 minutes in co-operative activity, (project or game)		/ /	
	71	Engages in socially acceptable behavior in public		/ /	
	72	Asks permission to use objects belonging to others 75% of the time		/ /	
5-6	73	States feelings about self: mad, happy, love		/ /	
	74	Plays with 4-5 children on co-operative activity without constant supervision		/ /	
	75	Explains rules of game or activity to others		/ /	
	76	Imitates adult roles		/ /	
	77	Joins in conversation at mealtime		/ /	
	78	Follows rules of verbal reasoning game		/ /	
	79	Comforts playmates in distress		/ /	
	80	Chooses own friends		/ /	
	81	Plans and builds using simple tools (inclined planes, fulcrum, lever, pulley)		/ /	

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Age Level	Card	Behavior	Entry Behavior	Date Achieved	Comments
	82	States goals for himself and carries out activity		/ /	
	83	Acts out parts of story, playing part or using puppets		/ /	

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Age Level	Card	Behavior	Entry Behavior	Date Achieved	Comments
0-1	1	Repeats sound made by others		/ /	
	2	Repeats same syllable 2-3 times (ma, ma, ma)		/ /	
	3	Responds to gestures with gestures		/ /	
	4	Carries out simple direction when accompanied by gestures		/ /	
	5	Stops activity at least momentarily when told "no" 75% of the time		/ /	
	6	Answers simple questions with non-verbal response		/ /	
	7	Combines two different syllables in vocal play		/ /	
	8	Imitates voice intonation patterns of others		/ /	
	9	Uses single word meaningfully to label object or person		/ /	
	10	Vocalizes in response to speech of other person		/ /	
1-2	11	Says five different words (may use the same word to refer to different objects)		/ /	
	12	Asks for "more"		/ /	
	13	Says "all gone"		/ /	
	14	Follows 3 different one step directions without gestures		/ /	
	15	Can "give me" or "show me" upon request		/ /	
	16	Points to 12 familiar objects when named		/ /	
	17	Points to 3-5 pictures in a book when named		/ /	
	18	Points to 3 body parts on self		/ /	
	19	Says his own name or nickname upon request		/ /	
	20	Answers question "what's this?" with object name		/ /	
	21	Combines use of words and gestures to make wants known		/ /	
	22	Names 5 other family members including pets		/ /	
	23	Names 4 toys		/ /	
	24	Produces animal sound or uses sound for animal's name (cow is "moo-moo")		/ /	
	25	Asks for some common food items by name when shown (milk, cookie, cracker)		/ /	
	26	Asks questions by a rising intonation at end of word or phrase		/ /	
	27	Names 3 body parts on a doll or other person		/ /	

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Age Level	Card	Behavior	Entry Behavior	Date Achieved	Comments
	28	Answers yes/no question with affirmative or negative reply		/ /	
2-3	29	Combines noun or adjective and noun in two word phrase (ball chair) (my ball)		/ /	
	30	Combines noun and verb in two word phrase (daddy go)		/ /	
	31	Uses word for bathroom need		/ /	
	32	Combines verb or noun with "there" "here" in 2 word utterance (chair here)		/ /	
	33	Combines 2 words to express possession (daddy car)		/ /	
	34	Uses "no" or "not" in speech		/ /	
	35	Answers question "what's ——doing?" for common activities		/ /	
	36	Answers "where" questions		/ /	
	37	Names familiar environmental sounds		/ /	
	38	Gives more than one object when asked using plural form (blocks)		/ /	
	39	Refers to self by own name in speech		/ /	
	40	Points to picture of common object described by its use (10)		/ /	
	41	Holds up fingers to tell age		/ /	
	42	Tells sex when asked		/ /	
	43	Carries out a series of two related commands		/ /	
	44	Uses "ing" verb form (running)		/ /	
	45	Uses regular plural forms (book/books)		/ /	
	46	Uses some irregular past tense forms consistently (went, did, was)		/ /	
	47	Asks question, "What's this (that)?"		/ /	
	48	Controls voice volume 90% of the time		/ /	
	49	Uses "this" and "that" in speech		/ /	
	50	Uses "is" in statements (this is ball)		/ /	
	51	Says "I, me, mine" rather than own name		/ /	
	52	Points to object that "is not———" (is not a ball)		/ /	
	53	Answers "who" question with name		/ /	
	54	Uses possessive form of nouns (daddy's)		/ /	

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Age Level	Card	Behavior	Entry Behavior	Date Achieved	Comments
	55	Uses articles: the, a in speech		/ /	
	56	Uses some class names (toy, animal, food)		/ /	
	57	Says "can" and "will" occasionally		/ /	
	58	Describes items as open or closed		/ /	
3-4	59	Says "is" at beginning of questions when appropriate		/ /	
	60	Will attend for five minutes while story is read		/ /	
	61	Carries out series of two unrelated commands		/ /	
	62	Tells full name when requested		/ /	
	63	Answers simple "how" questions		/ /	
	64	Uses regular past tense forms (jumped)		/ /	
	65	Tells about immediate experiences		/ /	
	66	Tells how common objects are used		/ /	
	67	Expresses future occurrences with "going to," "have to," "want to"		/ /	
	68	Changes word order appropriately to ask questions (can I, does he)		/ /	
	69	Uses some common irregular plurals (men, feet)		/ /	
	70	Tells two events in order of occurrence		/ /	
4-5	71	Carries out a series of 3 directions		/ /	
	72	Demonstrates understanding of passive sentences (boy hit girl, girl was hit by boy)		/ /	
	73	Can find a *pair* of objects/pictures on request		/ /	
	74	Uses "could" and "would" in speech		/ /	
	75	Uses compound sentences (I hit the ball and it went in the road)		/ /	
	76	Can find *top* and *bottom* of items on request		/ /	
	77	Uses contractions can't, don't, won't		/ /	
	78	Can point out absurdities in picture		/ /	
	79	Uses words sister, brother, grandmother, grandfather		/ /	
	80	Tells final word in opposite analogies		/ /	
	81	Tells familiar story without pictures for cues		/ /	

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Age Level	Card	Behavior	Entry Behavior	Date Achieved	Comments
	82	Names picture that does not belong in particular class (one that's not an animal)		/ /	
	83	Tells whether or not 2 words rhyme		/ /	
	84	Uses complex sentences (She wants me to come in because _____)		/ /	
	85	Can tell whether sound is loud or soft		/ /	
5-6	86	Can point to some, many, several		/ /	
	87	Tells address		/ /	
	88	Tells telephone number		/ /	
	89	Can point to most, least, few		/ /	
	90	Tells simple jokes		/ /	
	91	Tells daily experiences		/ /	
	92	Describes location or movement through, away, from, toward, over		/ /	
	93	Answers why question with an explanation		/ /	
	94	Puts together and tells 3-5 part sequence story		/ /	
	95	Defines words		/ /	
	96	Can "tell me the opposite of _____"		/ /	
	97	Answers question "what happens if . . . (you drop an egg)?"		/ /	
	98	Uses yesterday and tommorrow meaningfully		/ /	
	99	Asks meaning of new or unfamiliar words		/ /	

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Age Level	Card	Behavior	Entry Behavior	Date Achieved	Comments
0-1	1	Sucks and swallows liquid		/ /	
	2	Eats liquified foods, i.e. baby cereal		/ /	
	3	Reaches for bottle		/ /	
	4	Eats strained foods fed by parent		/ /	
	5	Holds bottle without help while drinking		/ /	
	6	Directs bottle by guiding it toward mouth or by pushing it away		/ /	
	7	Eats mashed table foods fed by parent		/ /	
	8	Drinks from cup held by parent		/ /	
	9	Eats semi-solid foods fed by parent		/ /	
	10	Feeds self with fingers		/ /	
	11	Holds and drinks from cup using two hands		/ /	
	12	Takes spoon filled with food to mouth with help		/ /	
	13	Holds out arms and legs while being dressed		/ /	
1-2	14	Eats table food with spoon independently		/ /	
	15	Holds and drinks from cup with one hand		/ /	
	16	Puts hands in water and pats wet hands on face in imitation		/ /	
	17	Sits on potty or infant toilet seat for 5 minutes		/ /	
	18	Puts hat on head and takes it off		/ /	
	19	Pulls off socks		/ /	
	20	Pushes arms through sleeves, legs through pants		/ /	
	21	Takes off shoes when laces are untied and loosened		/ /	
	22	Takes off coat when unfastened		/ /	
	23	Takes off pants when unfastened		/ /	
	24	Zips and unzips large zipper without working catch		/ /	
	25	Uses words or gestures indicating need to go to bathroom		/ /	
2-3	26	Feeds self using spoon and cup with some spilling		/ /	
	27	Takes towel from parent and wipes hands and face		/ /	

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Age Level	Card	Behavior	Entry Behavior	Date Achieved	Comments
	28	Sucks liquid from glass or cup using straw		/ /	
	29	Scoops with fork		/ /	
	30	Chews and swallows only edible substances		/ /	
	31	Dries hands without help when given towel		/ /	
	32	Asks to go to bathroom, even if too late to avoid accidents		/ /	
	33	Controls drooling		/ /	
	34	Urinates or defecates in potty three times per week when placed on potty		/ /	
	35	Puts on shoes		/ /	
	36	Brushes teeth in imitation		/ /	
	37	Takes off simple clothing that has been unfastened		/ /	
	38	Uses bathroom for bowel movements, one daytime accident per week		/ /	
	39	Gets drink from faucet without help, when stool or steps are provided		/ /	
	40	Washes hands and face using soap when adult regulates water		/ /	
	41	Asks to go to bathroom during day in time to avoid accidents		/ /	
	42	Places coat on hook placed at child's height		/ /	
	43	Stays dry during naps		/ /	
	44	Avoids hazards such as sharp furniture corners, open stairs		/ /	
	45	Uses napkin when reminded		/ /	
	46	Stabs food with fork and brings to mouth		/ /	
	47	Pours from small pitcher (6-8 oz.) into glass without help		/ /	
	48	Unfastens snaps on clothing		/ /	
	49	Washes own arms and legs while being bathed		/ /	
	50	Puts on socks		/ /	
	51	Puts on coat, sweater, shirt		/ /	
	52	Finds front of clothing		/ /	
3-4	53	Feeds self entire meal		/ /	
	54	Dresses self with help on pullover shirts and all fasteners		/ /	

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Age Level	Card	Behavior	Entry Behavior	Date Achieved	Comments
	55	Wipes nose when reminded		/ /	
	56	Wakes up dry two mornings out of seven		/ /	
	57	Males urinate in toilet standing up		/ /	
	58	Initiates and completes dressing and undressing except fasteners 75% of time		/ /	
	59	Snaps or hooks clothing		/ /	
	60	Blows nose when reminded		/ /	
	61	Avoids common dangers (i.e., broken glass)		/ /	
	62	Puts coat on hanger and replaces hanger on low bar with instructions		/ /	
	63	Brushes teeth when given verbal instructions		/ /	
	64	Puts on mittens		/ /	
	65	Unbuttons large buttons on button board or jacket placed on table		/ /	
	66	Buttons large buttons on button board or jacket placed on table		/ /	
	67	Puts on boots		/ /	
4-5	68	Cleans up spills, getting own cloth		/ /	
	69	Avoids poisons and all harmful substances		/ /	
	70	Unbuttons own clothing		/ /	
	71	Buttons own clothing		/ /	
	72	Clears place at table		/ /	
	73	Puts zipper foot in catch		/ /	
	74	Washes hands and face		/ /	
	75	Uses correct utensils for food		/ /	
	76	Wakes from sleep during night to use toilet or stays dry all night		/ /	
	77	Wipes and blows nose 75% of the time when needed without reminders		/ /	
	78	Bathes self except for back, neck, and ears		/ /	
	79	Uses knife for spreading soft toppings on toast		/ /	
	80	Buckles and unbuckles belt on dress or pants and shoes		/ /	
	81	Dresses self completely, including all front fastenings except ties		/ /	

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Age Level	Card	Behavior	Entry Behavior	Date Achieved	Comments
	82	Serves self at table, parent holds serving dish		/ /	
	83	Helps set table by correctly placing plates, napkins, and utensils with verbal cues		/ /	
	84	Brushes teeth		/ /	
	85	Goes to bathroom in time, undresses, wipes self, flushes toilet, and dresses unaided		/ /	
	86	Combs or brushes long hair		/ /	
	87	Hangs up clothes on hanger		/ /	
	88	Goes about neighborhood without constant supervision		/ /	
	89	Laces shoes		/ /	
	90	Ties shoes		/ /	
5-6	91	Is responsible for one weekly household task and does it upon request		/ /	
	92	Selects appropriate clothing for temperature and occasion		/ /	
	93	Stops at curb, looks both ways, and crosses street without verbal reminders		/ /	
	94	Serves self at table and passes serving dish		/ /	
	95	Prepares own cold cereal		/ /	
	96	Is responsible for one daily household task (i.e., setting table, taking out trash)		/ /	
	97	Adjusts water temperature for shower or bath		/ /	
	98	Prepares own sandwich		/ /	
	99	Walks to school, playground, or store within two blocks of home independently		/ /	
	100	Cuts soft foods with knife (i.e., hot dogs, bananas, baked potato)		/ /	
	101	Finds correct bathroom in public place		/ /	
	102	Opens 1/2 pint milk carton		/ /	
	103	Picks up, carries, sets down cafeteria tray		/ /	
	104	Ties hood strings		/ /	
	105	Buckles own seat belt in car		/ /	

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Age Level	Card	Behavior	Entry Behavior	Date Achieved	Comments
0-1	1	Removes cloth from face, that obscures vision		/ /	
	2	Looks for object that has been removed from direct line of vision		/ /	
	3	Removes object from open container by reaching into container		/ /	
	4	Places object in container in imitation		/ /	
	5	Places object in container on verbal command		/ /	
	6	Shakes a sound making toy on a string		/ /	
	7	Puts 3 objects into a container, empties container		/ /	
	8	Transfers object from one hand to the other to pick up another object		/ /	
	9	Drops and picks up toy		/ /	
	10	Finds object hidden under container		/ /	
	11	Pushes 3 blocks train style		/ /	
	12	Removes circle from form board		/ /	
	13	Places round peg in pegboard on request		/ /	
	14	Performs simple gestures on request		/ /	
1-2	15	Individually takes out 6 objects from container		/ /	
	16	Points to one body part		/ /	
	17	Stacks 3 blocks on request		/ /	
	18	Matches like objects		/ /	
	19	Scribbles		/ /	
	20	Points to self when asked "Where's *(name)*?"		/ /	
	21	Places 5 round pegs in pegboard on request		/ /	
	22	Matches objects with picture of same object		/ /	
	23	Points to named picture		/ /	
	24	Turns pages of book 2-3 at a time to find named picture		/ /	
2-3	25	Finds specific book on request		/ /	
	26	Completes 3 piece formboard		/ /	
	27	Names 4 common pictures		/ /	

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Age Level	Card	Behavior	Entry Behavior	Date Achieved	Comments
	28	Draws a vertical line in imitation		/ /	
	29	Draws a horizontal line in imitation		/ /	
	30	Copies a circle		/ /	
	31	Matches textures		/ /	
	32	Points to big and little upon request		/ /	
	33	Draws (+) in imitation		/ /	
	34	Matches 3 colors		/ /	
	35	Places objects in, on and under upon request		/ /	
	36	Names objects that make sounds		/ /	
	37	Puts together 4 part nesting toy		/ /	
	38	Names action pictures		/ /	
	39	Matches geometric form with picture of shape		/ /	
	40	Stacks 5 or more rings on a peg in order		/ /	
3-4	41	Names big and little objects		/ /	
	42	Points to 10 body parts on verbal command		/ /	
	43	Points to boy and girl on verbal command		/ /	
	44	Tells if object is heavy or light		/ /	
	45	Puts together 2 parts of shape to make whole		/ /	
	46	Describes two events or characters from familiar story or T.V. program		/ /	
	47	Repeats finger plays with words and actions		/ /	
	48	Matches 1 to 1 (3 or more objects)		/ /	
	49	Points to long and short objects		/ /	
	50	Tells which objects go together		/ /	
	51	Counts to 3 in imitation		/ /	
	52	Arranges objects into categories		/ /	
	53	Draws a V stroke in imitation		/ /	
	54	Draws a diagonal line from corner to corner of 4 inch square of paper		/ /	

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Age Level	Card	Behavior	Entry Behavior	Date Achieved	Comments
	55	Counts to 10 objects in imitation		/ /	
	56	Builds a bridge with 3 blocks in imitation		/ /	
	57	Matches sequence or pattern of blocks or beads		/ /	
	58	Copies series of connected V strokes VVVVVVVVV		/ /	
	59	Adds leg and/or arm to incomplete man		/ /	
	60	Completes 6 piece puzle without trial and error		/ /	
	61	Names objects as same and different		/ /	
	62	Draws a square in imitation		/ /	
	63	Names three colors on request		/ /	
	64	Names three shapes, □, △, and ○		/ /	
4-5	65	Picks up specified number of objects on request (1-5)		/ /	
	66	Names five textures		/ /	
	67	Copies triangle on request		/ /	
	68	Recalls 4 objects seen in a picture		/ /	
	69	Names time of day associated with activities		/ /	
	70	Repeats familiar rhymes		/ /	
	71	Tells whether object is heavy or light (less than one pound difference)		/ /	
	72	Tells what's missing when one object is removed from a group of three		/ /	
	73	Names eight colors		/ /	
	74	Names penny, nickel and dime		/ /	
	75	Matches symbols (letters and numbers)		/ /	
	76	Tells color of named objects		/ /	
	77	Retells five main facts from story heard 3 times		/ /	
	78	Draws a man (head, trunk, 4 limbs)		/ /	
	79	Sings five lines of song		/ /	
	80	Builds pyramid of 10 blocks in imitation		/ /	
	81	Names long and short		/ /	

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Age Level	Card	Behavior	Entry Behavior	Date Achieved	Comments
	82	Places objects behind, beside, next to		/ /	
	83	Matches equal sets to sample of 1 to 10 objects		/ /	
	84	Names or points to missing part of pictured object		/ /	
	85	Counts by rote 1 to 20		/ /	
	86	Names first, middle and last position		/ /	
5-6	87	Counts up to 20 items and tells how many		/ /	
	88	Names 10 numerals		/ /	
	89	Names left and right on self		/ /	
	90	Says letters of alphabet in order		/ /	
	91	Prints own first name		/ /	
	92	Names five letters of alphabet		/ /	
	93	Arranges objects in sequence of width and length		/ /	
	94	Names capital letters of alphabet		/ /	
	95	Puts numerals 1 to 10 in proper sequence		/ /	
	96	Names position of objects first, second, third		/ /	
	97	Names lower case letters of alphabet		/ /	
	98	Matches capital to lower case letters of alphabet		/ /	
	99	Points to named numerals 1 to 25		/ /	
	100	Copies diamond shape		/ /	
	101	Completes simple maze		/ /	
	102	Names days of week in order		/ /	
	103	Can add and subtract combinations to three		/ /	
	104	Tells month and day of birthday		/ /	
	105	Sight reads 10 printed words		/ /	
	106	Predicts what happens next		/ /	
	107	Points to half and whole objects		/ /	
	108	Counts by rote 1 to 100		/ /	

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Age Level	Card	Behavior	Entry Behavior	Date Achieved	Comments
0-1	1	Reaches for object 6-9 inches in front of him		/ /	
	2	Grasps object held 3 inches in front of child		/ /	
	3	Reaches and grasps object in front of him		/ /	
	4	Reaches for preferred object		/ /	
	5	Puts objects in mouth		/ /	
	6	Head and chest supported on arms while on stomach		/ /	
	7	Holds head and chest erect supported on one arm		/ /	
	8	Feels and explores object with mouth		/ /	
	9	Turns from stomach to side, maintains position 50% of the time		/ /	
	10	Rolls from stomach to back		/ /	
	11	Moves forward one body length on stomach		/ /	
	12	Rolls from back to side		/ /	
	13	Turns from back to stomach		/ /	
	14	Pulls to sitting position when grasping adult's fingers		/ /	
	15	Turns head freely when body is supported		/ /	
	16	Maintains sitting position for two minutes		/ /	
	17	Puts down one object deliberately to reach for another		/ /	
	18	Picks up and drops object on purpose		/ /	
	19	Stands with maximum support		/ /	
	20	Bounces up and down in standing position while being supported		/ /	
	21	Crawls one body length to obtain object		/ /	
	22	Sits self supported		/ /	
	23	From sitting position, turns to hands and knees position		/ /	
	24	Moves from stomach to sitting position		/ /	
	25	Sits without hand support		/ /	
	26	Flings objects haphazardly		/ /	
	27	Rocks back and forth on hands and knees		/ /	

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Age Level	Card	Behavior	Entry Behavior	Date Achieved	Comments
	28	Transfers object from one hand to the other in sitting position		/ /	
	29	Retains two one-inch cubes in one hand		/ /	
	30	Pulls self to on-knees position		/ /	
	31	Pulls self to standing position		/ /	
	32	Uses pincer grasp to pick up object		/ /	
	33	Creeps		/ /	
	34	Reaches with one hand from creep position		/ /	
	35	Stands with minimum support		/ /	
	36	Licks food from around mouth		/ /	
	37	Stands alone for one minute		/ /	
	38	Dumps object from receptacle		/ /	
	39	Turns pages of book, several at a time		/ /	
	40	Scoops with spoons or shovel		/ /	
	41	Puts small objects in container		/ /	
	42	Lowers self from standing to sitting position		/ /	
	43	Claps hands		/ /	
	44	Walks with minimum aid		/ /	
	45	Takes a few steps without support		/ /	
1-2	46	Creeps upstairs		/ /	
	47	Moves from sitting to standing position		/ /	
	48	Rolls a ball in imitation		/ /	
	49	Climbs into adult chair, turns and sits		/ /	
	50	Puts 4 rings on peg		/ /	
	51	Removes 1" pegs from pegboard		/ /	
	52	Puts 1" pegs in pegboard		/ /	
	53	Builds tower of 3 blocks		/ /	
	54	Marks with crayon or pencil		/ /	

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Age Level	Card	Behavior	Entry Behavior	Date Achieved	Comments
	55	Walks independently		/ /	
	56	Creeps down stairs, feet first		/ /	
	57	Seats self in small chair		/ /	
	58	Squats and returns to standing		/ /	
	59	Pushes and pulls toys while walking		/ /	
	60	Uses rocking horse or rocking chair		/ /	
	61	Walks upstairs with aid		/ /	
	62	Bends at waist to pick up objects without falling		/ /	
	63	Imitates circular motion		/ /	
2-3	64	Strings 4 large beads in two minutes		/ /	
	65	Turns door knobs, handles, etc.		/ /	
	66	Jumps in place with both feet		/ /	
	67	Walks backwards		/ /	
	68	Walks downstairs with aid		/ /	
	69	Throws ball to adult 5 feet away without adult moving feet		/ /	
	70	Builds tower of 5-6 blocks		/ /	
	71	Turns pages one at a time		/ /	
	72	Unwraps small object		/ /	
	73	Folds paper in half in imitation		/ /	
	74	Takes apart and puts together snap-together toy		/ /	
	75	Unscrews nesting toys		/ /	
	76	Kicks large stationary ball		/ /	
	77	Rolls clay balls		/ /	
	78	Grasps pencil between thumb and forefinger, resting pencil on third finger		/ /	
	79	Forward somersault with aid		/ /	
	80	Pounds 5 out of 5 pegs		/ /	
3-4	81	Puts together 3 piece puzzle or formboard		/ /	

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Age Level	Card	Behavior	Entry Behavior	Date Achieved	Comments
	82	Snips with scissors		/ /	
	83	Jumps from height of 8 inches		/ /	
	84	Kicks large ball when rolled to him		/ /	
	85	Walks on tiptoe		/ /	
	86	Runs 10 steps with coordinated, alternating arm movement		/ /	
	87	Pedals tricycle five feet		/ /	
	88	Swings on swing when started in motion		/ /	
	89	Climbs up and slides down 4-6 foot slide		/ /	
	90	Somersaults forward		/ /	
	91	Walks up stairs, alternating feet		/ /	
	92	Marches		/ /	
	93	Catches ball with two hands		/ /	
	94	Traces templates		/ /	
	95	Cuts along 8" straight line within ¼" of line		/ /	
4-5	96	Stands on one foot without aid 4-8 seconds		/ /	
	97	Runs changing direction		/ /	
	98	Walks balance beam		/ /	
	99	Jumps forward 10 times without falling		/ /	
	100	Jumps over string 2 inches off the floor		/ /	
	101	Jumps backward six times		/ /	
	102	Bounces and catches large ball		/ /	
	103	Makes clay shapes put together with 2 to 3 parts		/ /	
	104	Cuts along curved line		/ /	
	105	Screws together threaded object		/ /	
	106	Walks downstairs alternating feet		/ /	
	107	Pedals tricycle, turning corners		/ /	
	108	Hops on one foot 5 successive times		/ /	

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Age Level	Card	Behavior	Entry Behavior	Date Achieved	Comments
	109	Cuts out 2-inch circle		/ /	
	110	Draws simple recognizable pictures such as house, man, tree		/ /	
	111	Cuts out and pastes simple shapes		/ /	
5-6	112	Prints capital letters, large, single, anywhere on paper		/ /	
	113	Walks balance board forward, backward and sideways		/ /	
	114	Skips		/ /	
	115	Swings on swing initiating and sustaining motion		/ /	
	116	Spreads fingers, touching thumb to each finger		/ /	
	117	Can copy small letters		/ /	
	118	Climbs step ladders or steps ten feet high to slide		/ /	
	119	Hits nail with hammer		/ /	
	120	Dribbles ball with direction		/ /	
	121	Colors, remaining within lines 95%		/ /	
	122	Can cut picture from magazine or catalog without being more than ¼" from edge		/ /	
	123	Uses pencil sharpener		/ /	
	124	Copies complex drawings		/ /	
	125	Tears simple shapes from paper		/ /	
	126	Folds paper square two times on diagonal in imitation		/ /	
	127	Catches soft ball or bean bag with one hand		/ /	
	128	Can jump rope by self		/ /	
	129	Hits ball with bat or stick		/ /	
	130	Picks up object from ground while running		/ /	
	131	Skates forward 10 feet		/ /	
	132	Rides bicycle		/ /	
	133	Slides on sled		/ /	
	134	Walks or plays in water waist-high in swimming pool		/ /	
	135	Steers wagon, propelling with one foot		/ /	

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Age Level	Card	Behavior	Entry Behavior	Date Achieved	Comments
	136	Jumps up and pivots on one foot		/ /	
	137	Prints name on primary paper using lines		/ /	
	138	Jumps from height of 12 inches and lands on balls of feet		/ /	
	139	Stands on one foot, no support, eyes closed, 10 seconds		/ /	
	140	Hangs 10 seconds from horizontal bar bearing own weight on arms		/ /	

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III D 1

CRITERIA FOR SELECTION OF CHILDREN INTO THE BOCES PUTNAM/NORTHERN WESTCHESTER PRESCHOOL PROGRAM

Children to be served are preschool youngsters living in the Putnam/Northern Westchester BOCES area who through screening and diagnostic procedures are determined to exhibit one or more handicapping conditions as defined in the Commissioner's Regulations for School-Age Children in New York State.

A. Age: Children from birth to age five are served in this program.

B. Type of Handicap: The handicapping conditions as defined in the Commissioner's Regulations in New York State are listed on attached page.

C. Geographic Location: Children from the 18 component school districts which BOCES serves are eligible for inclusion in this program.

D. Screening Results: Children whose parents are concerned about their development and who indicate weaknesses as demonstrated on the Denver Developmental Screening Test are eligible for possible placement into the BOCES Preschool Program. This is determined by the BOCES Preschool Program's central screening committee who makes a summary recommendation and shares this with the parent.

E. Placement: Final placement is made into the BOCES Preschool Program when the parents' petition to Family Court for tuition and/or transportation is approved by the County Family Court and the State Education Department. This petition includes information regarding the child's handicapping condition. A medical doctor, a psychologist, and the child's school district superintendent recommend placement.

BOARD OF COOPERATIVE EDUCATIONAL SERVICES
Putnam/Northern Westchester Education Center
Yorktown Heights, New York

PRIMARY HANDICAPPING CONDITIONS

DEFINITIONS

1. Educable Mentally Retarded - A child who, on the basis of a comprehensive evaluation, such evaluation to include an individual psychological examination, is determined to possess general intellectual capacity that falls lower than 1.5 standard deviations below the mean of the general population, cannot profit from regular classroom instruction, but may be expected to profit from a special education program.

2. Trainable Mentally Retarded - a child who, on the basis of a comprehensive evaluation, such evaluation to include an individual psychological examination, is determined to possess general intellectual capacity that falls lower than three standard deviations below the mean of the general population, cannot profit from programs established for the educable mentally retarded, but may be expected to profit from a special education program for the trainable.

3. Autistic - A child who manifests a behaviorally defined syndrome which occurs in children of all levels of intelligence. The essential features are typically manifested prior to 30 months of age and include severe disturbances of developmental rates and/or sequences, of responses to sensory stimuli, of speech, of language, of cognitive capacities, and of the ability to relate to people, events, and objects.

4. Emotionally Disturbed - a child whose conditions has been determined to be such by a school psychologist, a psychiatrist, or by an approved mental health clinic.

5. Severely Speech/Language Impaired - a child with unintelligible speech or inability to communicate verbally. Severely speech/language impaired does not include other speech/language impaired children who exhibit a reduced ability to acquire, use or comprehend language, mild stuttering, vocal disorders or articulation deviations.

6. Deaf - a child with a hearing handicap in excess of 80 decibels (ISO) in the better ear whose degree and type of hearing loss is so severe that spoken language cannot be acquired normally and whose receptive and expressive communication skills are so limited that additional supportive services are provided.

7. Hard of Hearing - a child with hearing handicap in the 40 and above decibel range (ISO) whose hearing loss precludes his functioning normally in a regular classroom situation without the supportive services of a resource program.

8. Legally Blind - a child with the visual capacity of 20/200 or less in the better eye with the best correction, or a field of vision restricted to a 20-degree arc.

9. Partially sighted - a child whose visual acuity in the better eye with best correction ranges between 20/70 and 20/200, including those children who can still function capably with their residual vision and who have a medically indicated progressive visual loss, or a recurring serious medical eye problem affecting acuity and operable eye diseases.

10. Physically Handicapped - a child who manifests orthopedic, neurological and other medical conditions which result in inability to benefit from the regular educational programs for nonhandicapped children, without some form of special assistance.

11. Specific Learning Disability - means a disorder in one or more of the basic psychological processes involved in understanding or in using language, spoken or written, which may manifest itself in an imperfect ability to listen, think, speak, read, write, or to do mathematical calculations. The term includes such conditions as perceptual handicaps, brain injury, minimal brain dysfunction, dyslexia and developmental aphasia. The term does not include children who have learning problems which are primarily the result of visual, hearing or motor handicaps, of mental retardation, of emotional disturbance, or of environmental, cultural, or economic disadvantage. A child who exhibits a discrepancy of 50 percent or more between expected achievement based on his intellectual ability and actual achievement, determined on an individual basis, shall be deemed to have a specific learning disability.

ALT:mf
12/17/79

BOARD OF COOPERATIVE EDUCATIONAL SERVICES
Putnam/Northern Westchester Education Center
Yorktown Heights, New York

PRESCHOOL EDUCATIONAL ASSESSMENT

DATE:

SCHOOL DISTRICT:

NAME OF CHILD:

NAME OF PARENT(S):

ADDRESS:

DATE OF BIRTH

DATE OF EVALUATION:

Dear

The Preschool teaching staff of the Putnam/Northern Westchester Board of Cooperative Educational Services has recently enrolled the above child in their Preschool Program. Enclosed is a report of our findings.

If you have any questions, or if we can be of any help to you, please call me at 245-2700, Ext. 394.

Yours truly,

Amy L. Toole

Amy L. Toole, Supervisor
Preschool Programs for
Children with Special Needs

ALT:mf
Enc.

WESTCHESTER BOCES
LINKING LOCAL SCHOOL DISTRICTS AND THE STATE THROUGH SERVICE

III D4

MEMORANDUM

Putnam/Northern Westchester Education Center · Yorktown Heights, N. Y. 10598 · (914) 245-

TO: Liaison Officers

FROM: Amy L. Toole

DATE: October 5, 1979

SUBJECT: Student Records

Enclosed please find copies of additional records to be added to your files on the above Preschool student.

ALT:mf

LOCATION AND HOURS OF PRESCHOOL PROGRAM

Students attending Yorktown French Hill

A.M. Session 8:30 - 11:00
P.M. Session 12:00 - 2:30

Students attending Mahopac-Lakeview

A.M. Session 8:30 - 11:00
P.M. Session 11:45 - 2:15

Students attending Hendrick Hudson - Frank G. Lindsay

A.M. Session 8:30 - 11:00
P.M. Session 11:45 - 2:15

SAMPLE DAILY SCHEDULE

CLASSROOM PROGRAM FOR THE SEVERELY AND PROFOUNDLY HANDICAPPED

8:30 - 9:00 AM - Staff arrive, review schedule and I.E.P.'s

9:00 - 9:20 - Children arrive
Socialization, undressing, creative free play, toileting, handwashing

9:20 - 9:50 - Breakfast program -
Accepting food/using utensils
Recognizing own names and classmates' names
Socialization

9:50 - 10:10 - Individual and small group language activities -
Classroom teacher and aide work with each child daily, on individual objectives taken from I.E.P.'s. (These are evaluated monthly).

10:10 - 10:20 - Toileting, recognizing objects, manual communication, handwashing

10:20 - 10:40 - Motor activities -
Puzzles
Blocks
Pegs
Walking
Running

10:40 - 11:00 - Self care

11:00 - 11:10 - Toileting, handwashing

11:10 - 11:30 - Communication -
Responding to name
Following simple directions

11:30 - 11:45 - Children Depart -
Staff Planning, Record-Keeping, Case Conferences

NOTE: Activities are highly individualized and are conducted with a ratio of one staff member for each two children.

CLASSROOM PROGRAM FOR THE MODERATELY RETARDED

III-E-2

12:15 - 12:30 - Staff arrive, review schedule and I.E.P.'s

12:30 - Children arrive
Socialization, dressing and undressing, creative free play.

12:30 - 12:50 - Opening Exercises -
Talking in group situations
Naming days, months, seasons and holidays
Recognizing own names and classmates' names
Sharing experiences.

12:50 - 1:20 - Individual and small group activities -
Classroom teacher works with each child daily, on individual objectives taken from I.E.P.'s. (These are evaluated monthly).
Support staff works with small groups on structured arts and crafts and gross motor activities.

1:20 - 1:30 - Toileting, washing

1:30 - 1:50 - Circle Time -
Structured activity in one of the skill areas.
Children are encouraged to take part at their own level of development.
Music - instruments, songs and finger play.

1:50 - 2:10 - Outdoor Play -
Gross motor activities - playing ball, climbing, running, etc.

2:10 - 2:20 - Rest Period -
Children rest quietly while looking at books and listening to music.

2:20 - 2:30 - Snack Time -
Focus on social amenities and communication.

2:30 - 3:00 - Children Depart -
Staff Planning, Record-Keeping, Case Conferences

INDIVIDUAL[illegible] EDUCATIONAL PLAN FOR 197 -7

P/NW BOARD COOPERATIVE EDUCATIONAL SERVICES, Yorktown Hts. N.Y.

197 - 7 Data | 197 - 7 Data

Originating Teacher: _____ | IEP Year Teacher: _____

School: _____ | School: _____

Check: Room[ ] Class[ ] Itin[ ] Res. Spec. | Room[ ] Class[ ] Itin[ ] Res. Spec.

Student's Name: _____ (Last) _____ (First)

Home District: _____ Date of Birth __/__/__

Name of Parent or Guardian: _____ Home Phone: _____

Home Address: _____

Zip _____

MEETING DATA

Spring Meeting, 19 :
Date: _____
Location: _____
Attending: | Title or Relation

Early Fall Meeting, 19 :
Date: _____
Location: _____
Attending: | Title or Relation

Spring (Final) Meeting, 19 :
Date: _____
Location: _____
Attending: | Title or Relation

Recommended Placement for the Fall: _____

SPECIAL STRENGTHS (NOTE: Include comments for both Academic and Personal/Social Areas)

WEAKNESSES

OTHER STUDENT INFORMATION

DESCRIBE EXTENT TO WHICH STUDENT WILL BE PARTICIPATING IN REGULAR SCHOOL PROGRAMS: _____

RELEVANT MEDICAL INFORMATION: _____

EDUCATIONAL TESTING DATA

	Test Name	Score	Date Given
READING SCORES: Incoming			
MATH SCORES: Incoming			

INSTRUCTIONAL LEVEL OF MATERIALS USED
Incoming (Spring) READING _____
Incoming (Spring) MATH _____

I.Q. TEST DATA: Test Name _____
Verbal I.Q. _____ Performance I.Q. _____ Full Scale I.Q. _____
Given By: _____ Date: _____

RETEST DATA: Test Name _____
Verbal I.Q. _____ Performance I.Q. _____ Full Scale I.Q. _____
Given By: _____ Date: _____

OTHER TEST DATA:	Test Name	Score	Date Given

	Test	Score	Date
MATH SCORES: End of Year			
READING SCORES: End of Year			

INSTRUCTIONAL LEVEL OF MATERIALS USED
End of Year READING _____
End of Year MATH _____

/RW BOARD [redacted] COOPERATIVE EDUCATIONAL SERVICES IEP GOAL SHEET
SCHOOL YE[redacted].9__ - 19__

last [Stud[redacted] [Nam[redacted]] first

WORK COPY-DRAFT

SUMMARY OF PROGRESS TOWARD EACH GOAL
- To be completed for or at the Spring 19 Final Meeting.

GOAL NUMBER	DATE GOAL DEVELOPED	LISTING OF ACADEMIC AND PERSONAL-SOCIAL GOALS ESTABLISHED FOR THIS SCHOOL YEAR	Goal Mastered State "yes" or "no"	COMMENT

IEP - Page 2

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(Use letters of A, B, etc.... if more than one goals sheet is used.)

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I, BOARD OF COOPERATIVE EDUCATIONAL SERVICES IEP OBJECTIVES EVALUATION SHEET

SCHOOL YEAR 19 — - 19 —

INSTRUCTIONAL AREA _____

last [Student] First
[Name]

Date Obj. Devel.	Conditions-Methods, Materials or Services to be Used	Short-term Instructional Objectives	Standard or Criteria by Which Mastery of This Objective Will be Evaluated	STATUS REPORT Show prog. towards each obj. by evaluating continuously & by writing dates in approp. column			
				Init.	Prog.	Mast.	N/App.

P/NW BOAR ● COOPERATIVE EDUCATIONAL SERVICES IEP OBJECT ● EVALUATION SHEET

YEA 1977-1978

_____ ● _____
last (Student Name) first

DEVELOPMENTAL AREA _____

Home Living

GOAL #	Date	NUMBER OF Prescriptions left for Goal #_____	COMMENTS	MASTERED	NOT APPROPRIATE

BOCES or P/NW
Special Education
Program

SUMMARY REPORT OF
PARENT-TEACHER
I.E.P. CONFERENCE

Student's Name _____

Student's District _____

BOCES Teacher _____

Date of Conference ____/____/____

Location of Conference _____

[Use Of This Form - It has been designed to quickly report the results of an IEP meeting, with 1 copy for the student's academic file and one for the home district. Please use carbon, send copy to the central office "Attention - E. Kerrigan"]

* *

CONFERENCE RESULTS:

Is Parent or Guardian in Agreement With IEP?

[___] Yes

[___] Yes, with Reservations

Reservations Expressed By Parents _____

[___] No

Parent does not agree with the following _____

* *

CHANGES MADE IN THE IEP AS A RESULT OF THIS CONFERENCE:

ADDITIONS MADE TO IEP:

[___] Yes

Listing _____

[___] No Additions

* *

DELETIONS FROM IEP:

[___] Yes

Listing _____

[___] No Deletions

* *

THOSE ATTENDING THE CONFERENCE:

Name	Title or Relationship

* *

DESCRIPTION OF PARENT'S MAJOR CONCERNS WITH IEP (OR OTHER ISSUES) RAISED AT THIS MEETING:

* *

IN GENERAL, I WOULD DESCRIBE THE CONFERENCE AS:

[___] Extremely Positive [___] Positive [___] Areas of Disagreement Remain

Amplifying Comment: _____

* *

Describe what follow-up (if any) should be done as a result of this conference: _____

OR

[___] No follow-up needed at this time.

* *

Name of Person Completing Form _____ Date _____

PLEASE PREPARE IN DUPLICATE - ORIGINAL TO STUDENT'S ACADEMIC FILE: COPY TO CENTRAL OFFICE (FOR HOME DISTRICT)

MEMORANDUM

Putnam/Northern Westchester Education Center • Yorktown Heights, New York 10598 • (914) 245-2700

PUTNAM NORTHERN WESTCHESTER BOCES
LINKING LOCAL SCHOOL DISTRICTS AND THE STATE THROUGH SERVICE

III-E-5

TO: PRE-SCHOOL TEACHING STAFF

FROM: Amy L. Toole

DATE: September 29, 1978

SUBJECT: Reminder of Our Program's Responsibilities for IEP's and Reports to Students' Home Districts

As you know, we are responsible to generate an IEP for each student who enters our program and conference the IEP with the parents within 30 school days of the entry of a student.

On _____, you entered a student _____ in your program. I enclose a copy of three (3) forms for your use in fulfilling our obligations. These Forms are:

1. "Work Copies" of pages 1, 2 and 3 of our BOCES IEP Document.
2. Final IEP documents, pages 1, 2 and 3
3. Two-part "Report of Parent-Teacher IEP Conference" form

Using these documents, please do the following for the above listed student:

a. Complete the IEP document and review your completed forms with your supervisor.
b. Schedule the Parent IEP conference and inform your supervisor. At the same time, ask your supervisor for the name and phone number of the student's home district's liaison officer, if you have parental release to contact the district.
c. Call the liaison officer of that district and notify that person of the time and place of the IEP meeting so a district representative may attend, if desired.
d. Hold the IEP conference. REMINDER: Discuss all requests for major change in the IEP with your supervisor prior to writing them on the IEP.
e. Complete a "Report of Parent-Teacher IEP Conference" Form.
f. Rip off the last pink copies of the IEP sheet for the student and staple them together.
g. Rip off the second sheet of the "Report of Parent-Teacher IEP Conference" form.
h. Put both the IEP copies and the Report of the IEP Conference in an envelope and send that to Mary Forester at the Special Education Office at the School Services Building. Mary will send the copies of your data to the appropriate officer of the home district Committee on the Handicapped for the committee's information and records.

REMINDER!!! These forms are due to Mary Forester by _____ _____ _____.

Please call your supervisor if you have any questions or problems with these procedures.

Thanks for your close professional attention to this rather complicated procedure.

ALT:mf
Enc.

MEMORANDUM

III-E-5

Putnam/Northern Westchester Education Center • Yorktown Heights, New York 10598 • (9 245-2700

PUTNAM NORTHERN WESTCHESTER BOCES
LINKING LOCAL SCHOOL DISTRICTS AND THE STATE THROUGH SERVICE

TO: Preschool Teachers and Clinical Staff

FROM: Amy L. Toole

DATE: December 13, 1979

SUBJECT: Mid-Year IEP Reviews

PLEASE READ CAREFULLY AND USE ON DATE OF CONFERENCE -

Please plan the following date that your team will spend the entire day reviewing all of your student IEP's:

Thursday, January 17th	-	Dee LaFontaine's Team Kathy Petisi's Team
Friday, January 18th	-	Kathy Holmstrom's Team
Monday, January 21st	-	Ellen Boehm's Team
Any of the above dates	-	Home Program

Use the attached form for your review. A usual time framework is to spend about 15 minutes a child. Procedures should be as follows:

1. Teacher reviews strengths, weaknesses and other relevant information on Page 1 of IEP.

2. Teacher reads long term goals and states at what level of achievement she feels child is at.

3. Team suggests additions and deletions.

4. Speech therapist reads her long term goals.

5. Short term goals are reviewed and discussed in terms of appropriate methods, etc.

6. Suggested placement for next year is discussed.

7. Team responsibilities are assigned.

Responsibilities include:

1. If the child is graduating and projected placement is regular nursery school or Kindergarten, the teacher will plan to receive permission from parent to visit placement. (Follow procedures on attached sheet).

2. If the child is graduating and special services are projected, the teacher plus another team member should schedule a parent conference. If parent agrees to investigate placement, a designated member of the team should contact liaison and request a representative of COH visit the program. A date for the COH agenda should also be scheduled.

3. If the child is returning, the teacher should obtain a new HC-23 Form from parents.

At the conclusion of the day, you should have completed:

1. The attached mid-year IEP review form.

2. A very tentative class list for September of returning students.

3. Updated IEP's.

Please return #1 and #2 to me.

I will be available on those days and will visit each program for some of your discussions. If I am not at your site and you have a question, please call.

Staff Responsibilities for the Day:

1. Teacher reads and updates IEP's.
2. Psychologist refers to file during discussion to be sure all records are available, recommendations of the past have been followed up, etc.
3. Social Worker completes results of mid-year IEP Review Form.
4. Speech Therapist reads and updates speech and language goals.
5. Teacher sends me mid-year review form and tentative class list at the end of the day.

Important Notes:

1. Do not plan on any five year old staying in our program. I am working with Dr. Irvine on developing a new program which would meet their needs, so plan on referring them to COH's for possible placement.

2. All HC-23's on returning students are to be completed and returned to me by February 15th. We can always void them later if the child does not return but it would be better for me to have them.

Thanks so much for your help.

ALT:mf

BOARD OF COOPERATIVE ECUCATIONAL SERVICES
Putnam/Northern Westchester Education Center
Yorktown Heights, New York

RESULTS OF MID-YEAR IEP REVIEW

NAME	SUGGESTED ADDITIONS	SUGGESTED DELETIONS	SUGGESTED PLACEMENT	TEAM MEMBER INVOLVEMENT FOR: COH	PARENT CONF.	HC-23	COMMENTS

CENTRAL OFFICE IEP DOCUMENTS CONTROL SHEET

[ ] FOR WEEKLY
[ ] SCREENING
[ ] AGENDA

STUDENT'S NAME	DATE OF ENTRY TO CLASS	SUPV. RESPON.	TCHR. ASSGD.	DATE FORMS SENT TO TEACHER	IEP RECEIVED	REPORT OF PARENT MTG. RECEIVED	DATE SENT TO LIAISON	NOTES
1.								
2.								
3.								
4.								
5.								
6.								
7.								
8.								
9.								
10.								
11.								
12.								
13.								
14.								
15.								
16.								
17.								
18.								
19.								
20.								
21.								
22.								
23.								
24.								
25.								

Note: This form is kept by the secretary and reviewed at intake meetings. When a new student enters the program, the attached memo is sent to the teacher as a reminder of IEP responsibilities.

BOARD OF COOPERATIVE EDUCATIONAL SERVICES
Putnam/Northern Westchester Education Center
Yorktown Heights, New York

BOCES PRESCHOOL HOME-TEACHING PROGRAM

The BOCES Preschool Home-Teaching Program involves weekly visits made by four Home-Trainers to about 40 children, ages birth - school age. Emphasis is placed on having parents participate in providing highly structured and individualized tasks for their own children. The obvious advantage is that learning occurs in the child's natural environment. The most important advantage is that parents become more effective as parents by developing appropriate expectations and consistent methods of behavior management. Whenever possible, this program is coordinated with other agencies who are involved with the individual child in an effort to meet his specific learning needs by coordinating all the experience he/she receives.

Placement in Home-Teaching is recommended for the following three reasons:

1. The child is chronologically or developmentally too immature for a group classroom experience.
2. The presenting difficulty is the child's interaction with the family and the child's behavior in the home.
3. The child is able to function in a regular nursery school or child care center if he is supported by a Home-Trainer at home and in his class. This reason for participation in the Home Program allows the child to remain in the least restrictive environment while receiving an appropriate individualized educational program.

The weekly visits are patterned after a model of home-based intervention developed by the Portage Project for Early Childhood Education for the Handicapped in Portage, Wisconsin. This project has received national validation as to its positive impact on children and their families by the United States Office of Education.

A typical visit includes the follwoing steps:

1. The parent and child demonstrate their weekly activity for the Home-Trainer.
2. The parent reviews and interprets the charting he/she has done on the activity sheet during the last week.
3. The Home-Trainer presents and models a new weekly activity.
4. The parent and child demonstrate the new activity.
5. The Home-Trainer reviews the new activity sheet for recording.
6. The Home-Trainer conducts various planned activities to promote all developmental skills and parent-child interaction.
7. Private follow-up converration or phone call allows direct parent feed-back without child's awareness (only when appropriate).

The Home-Teaching Program works closely with related agencies to provide them with information regarding child development and maintain a larger dimension of general awareness of early childhood development and methods of identification of special learning needs. The Home-Teaching Program has conducted the following activities for related agencies:

1. On-site screenings as a training experience for them.
2. Work-shops for agency staff or parents.
3. Consultation services concerning possible referrals.

These activities are conducted with local Day Care Centers, Head Start Centers, Women's Centers, Department of Social Services, Child Protective Service and various nursery schools. They have served to identify children at early ages in need of special services and provide a vast public relations foundation for BOCES Preschool classroom programs. They also help to facilitate future placement. A close working relationship has been developed with area agencies as a result of these activities.

JJ/mf
1/2/80

Home Teaching Program

A teacher and three part-time aides provide direct teaching services in the home for preschoolers whose handicapping conditions warrant a home-based program. The home trainer works with the child and parents to identify, prescribe and implement an individualized remedial program. Based on the diagnostic evaluation, an Individualized Educational Plan is written for each child. The parent and home trainer choose goals for the child and these goals are then written in in the form of prescriptions for the parent to follow during the week.

A typical home visit includes the following: the home trainer obtains data to determine how well the child can perform a certain task which is appropriate to his remedial program. The parent observes the child and teacher working on the task and then the parent works with the child on the same task under the guidance of the home trainer. At the end of the session, the parent is provided with a written teaching prescription which gives a detailed description of the task and method to teach it. During the next visit, the trainer checks the chart and again readministers the test. If the child has mastered the skill, the trainer sets up a new goal or goals to be achieved during the following week.

This prescription process and record helps the home trainer see how the child has progressed during the week, and helps the parent to see that the child is learning. The procedure used for the home teaching program is a replication of the curriculum and training that is used in the Portage Project for Early Childhood Education, which is funded by a grant of the United States Bureau of Education for the Handicapped. All of the Preschool staff has been specifically trained in this curriculum and training model (see Appendix E).

One very important advantage of the Home Teaching Program is that in working with the parent, who then teaches the child, the parent learns more effective parenting and teaching skills. Another advantage of the Home Teaching Program is that learning occurs in the natural home environment. The Home Program allows time in the child's routine for attendance at regular nursery school, if appropriate, and allows children to be placed in the least restrictive environment, while receiving specialized services. The home trainer also works with the nursery school teacher to establish the most beneficial program for the child.

A second component to the Home Teaching Program is weekly group parent training sessions. On one day a week a parent training lecture, demonstration and/or workshop is held concerning such topics as child development, child management, community resources, assessment, and the creation of appropriate child activities in the home. These sessions are approximately two hours in length and are held in a central location for all parents. The workshops are based on the model which was developed by the P.E.E.R.S. Project (Parents are Effective, Early Education Resources), which is also supported by the United States

Bureau of Education for the Handicapped as a demonstration project and model program in early childhood education. The lectures and workshops will be based on the training manuals which have been developed by the P.E.E.R.S. project and which outline specific teaching of parents in each of the areas mentioned above.

The benefits of holding weekly group parent meetings are several. First, the parents get to meet other parents who also have children with handicapping conditions. Second, the parents gain relevant knowledge through the workshops. The most important advantage, however, is that this time allows an opportunity for all of the children in the Home Teaching program to be brought together, thus allowing the Home Teaching staff to observe the behavior of each child in a group situation to receive feedback from other staff members regarding children's skill and ability levels.

Another major advantage of the Home Teaching Program is that many of the children are able to attend a regular nursery school setting. When this occurs, the Home Teaching staff also works with the nursery school teachers. In the past, approximately 50% of the children who were involved in the Home Teaching Program also attended a regular nursery school program.

The Home Teaching Program therefore offers a parent and child an hour and a half to two hours of individualized instruction in the home based on an Individualized Educational Plan plus an additional two hours of parent training, child observation and peer interaction per week.

BOARD OF COOPERATIVE EDUCATIONAL SERVICES
Putnam/Northern Westchester Education Center
Yorktown Heights, New York

PRE-SCHOOL HOME PROGRAM

Weekly Activity Plan Sheet

Week _____

Child's Name _____

Home Teacher _____

Developmental Area _____

BASIC GOAL

BEHAVIOR CHART

APPROACH STEPS & SUGGESTIONS

SUMMARY C OMMENTS

Child Observation in a Preschool Setting

Child _____ Date _____

Facility _____ Contact _____

Observer _____ Observation Time _____

1. Awareness of routine and expectations.

2. Ability and/or willingness to follow directions.

3. Ability to relate to peers.

4. Means of expressing needs and wants.

5. Independent projects completed.

6. Use and care of materials.

7. General control of body movements.

8. Relationship with teacher and and adults.

9. Ability to care for personal needs.

10. Level of interest and curiosity demonstrated.

11. Use of language to communicate.

12. Behavior during times of transition.

13. Amount of structure needed from teacher.

14. Role played in group activities.

15. Cognitive skills demonstrated.

16. Motor skills demonstrated.

17. Summary statements.

Observation Checklist for Preschool Setting

Name of setting _____

	Satisfactory	Limited	Absent
Physical Setting			
- size of areas.	____	____	____
- use of space.	____	____	____
- lighting and us of decorations.	____	____	____
- playground facilities.	____	____	____
- convience of location.	____	____	____
- noise level.	____	____	____
Material supplies.			
- presentation of materials.	____	____	____
- quality and amount.	____	____	____
- condition and care of materials.	____	____	____
- organization and shelf space.	____	____	____
- use of community facilities.	____	____	____
Teacher-Child Interaction.			
- number of children to adults.	____	____	____
- use of structure to develop child.	____	____	____
- established routine.			
- smoothness of transition times.	____	____	____
- judgement used in child conflicts.	____	____	____
- individual instruction.	____	____	____
- control of group.	____	____	____
- encouragement of peer interaction.	____	____	____
- appropriate expectations used.	____	____	____
- oriented to child's level of functioning.	____	____	____

Parent Involvement.	S	L	A
- regular meetings planned.			
- regular conferences scheduled.			
- parent volunteers used.			
- parents obliged to give time.			
- written communications.			
- telephone contacts.			
Individual Child Observations.			
- aware of routine.			
- independence is encouraged.			
- approaches teacher freely.			
- asks for help when needed.			
- initiates own play.			
- approaches peers confortably.			
- displays interest in materials.			
- appropriate us and care of materials.			
- self-control in bodv movements.			
- control of voice.			
- verbalize needs and desires.			
- follows directions willingly.			
- understand and act on directions.			
- joins in group activities.			

III-E-8

PUTNAM NORTHERN WESTCHESTER BOCES

BOARD OF COOPERATIVE EDUCATIONAL SERVICES

YORKTOWN HEIGHTS, NEW YORK 10598 (914) 245-2700

Rudolph J. Fobert
Superintendent

Raymond A. DeFeo
Deputy Superintendent

Paul Irving
Director
Special Educati

NOTE: Teacher is to ask Parent to sign this form if parent decides to withdraw student from program.

Request for Withdrawal from Pre-School Program

I, _____, do not wish for my child _____ to continue to participate in the Early Childhood Program. Please withdraw him/her from the program as of _____.
Date

Signed _____

Date _____

PROCEDURES FOR WITHDRAWALS

1. Teacher obtains new address, if possible. If necessary, a certified letter is sent to home in order to ascertain whether family resides there.

2. Teacher places on agenda with name, reason for withdrawal, date.

3. Teacher gives academic records to Carol.

4. Carol send letters voiding Family Court petition as of x date, with carbon copy to district liason.

5. Card on board gets moved to withdrawn area.

BOARD OF COOPERATIVE EDUCATIONAL SERVICES
Putnam/Northern Westchester Education Center
Yorktown Heights, New York 10598

SPECIAL EDUCATION

Instructions for Completing Family Court Petition (HC2-1)

1. Staff member helps the parent complete HC2-1. Staff psychologist signs form and indicates handicapping condition of child.

2. Parent takes the petition and has it notorized.

3. Parent brings form to Doctor to be signed.

4. Give parent an addressed envelope to return HC2-1 to Preschool Office.

5. Program Coordinator completes tuition and transportation section (if appropriate) and sends to school district for superintendent's signature and transportation costs.

Sec. 236 F.C.A. FORM HC 2-1

PETITION - COSTS OF SPECIAL EDUCATION SERVICES
FOR THE EDUCATION OF HANDICAPPED CHILDREN

FAMILY COURT OF THE STATE OF NEW YORK, COUNTY OF _____

In the Matter of
Child's full name
A Handicapped Child

Docket No.

PETITION

Respondent

TO THE FAMILY COURT:

The undersigned Petitioner respectfully shows (upon information and belief) that:

1. Petitioner (resides at) (is located at) Complete address (Street) (City) (Zip Code),

and is (state relationship to child) (if unrelated, e.g. foster parent, agency, institution, etc., so state) _____

_____.

2. Child's Name was born on the _____ day of _____, 19____, and resides at _____ (Street), _____ (City) (Zip Code), _____ (County), New York, in the school district of _____.

3. Child's Name is a handicapped child as defined in subdivision one of section 4401 of the Education Law, in that (s)he has been found to be*

Check one or more boxes

Educable Mentally Retarded	☐	Severely Speech and Language Impaired	☐	Legally Blind	☐
Trainable Mentally Retarded	☐			Partially Sighted	☐
Autistic	☐	Deaf	☐	Physically Handicapped	☐
Emotionally Disturbed	☐	Hard of Hearing	☐	Severely Learning Disabled	☐

4. The condition above indicated began on or about _____ 19____, and said child is unable to attend school (and requires a continuation of special educational services during the summer months).

5. The following services are necessary for the education of the above-named child:

A. Tuition Costs

1. Tuition payment request to Putnam/Northern Westchester BOCES Preschool Program
(Name of School of Placement)
Yorktown Heights, New York 10598
(Address of School of Placement) (ZIP Code) (Telephone Number)

2. Tuition Rate (10 month) $3,842.00

Tuition Rate (summer) $_____

3. Dates of Attendance Date agreed at intake / /
From: MO DA YR
To: 06 / 19 / 80
MO DA YR

B. Maintenance Costs

1. Maintenance payment request for child living at _____
(Name of Board Home If Other Than School of Placement)
_____
(Address of Boarding Home) (ZIP Code)

2. Maintenance Rate (10 month) $_____

Maintenance Rate (summer) $_____

3. Dates of Residence
From: / / MO DA YR
To: / / MO DA YR

*Check primary handicapping condition of the child.

223

(OVER)

4. If in boarding home, is boarding home licensed and supervised by local Commissioner of Public Welfare? Yes ☐ No ☐

C. Transportation Costs

1. Mileage payment requested to Name of school attended or NOT REQUESTED if in home program
(Name and Address of School of Placement)

2. Number of Days _____
Total Daily Mileage _____
Rate per Day $_____
Total Cost $_____
completed by school district

3. Dates of Service
From: / / MO DA YR
To: / / MO DA YR

4. Name and address of transportation carrier _____
(Name)
_____
(Address) (ZIP Code)

5. Does the carrier fully meet requirements of Motor Vehicle Bureau and Public Service Commission concerning insurance and licensing? Yes ☐ No ☐

D. Home Teaching

Number of Hours Per Day _____ Rate Per Hour $_____
Number of Days Per Week _____ Total Cost $_____
Total Number of Days _____

6. The certification of the Superintendent of Schools in the district of residence of the above-named child, the certification of the physician and the certification of the psychologist are attached hereto.

WHEREFORE, Petitioner prays that an order be made herein providing for the education of said child and for such other and further and different relief as to the Court may seem just and proper.

STATE OF NEW YORK
COUNTY OF _____ ss

Parents signature
Petitioner

Parents name, being duly sworn, says that (s)he is the Petitioner in the above-named proceeding and that the foregoing petition is true to (his) (her) own knowledge, except as to matters therein stated to be alleged on information and belief and as to those matters (s)he believes it to be true.

Parents signature
Petitioner

Sworn to before me this _____ day
of _____ 19 _____

_____
Notary Public

.....

This district hereby requests approval for the recommended services.

type in names / /
Signature of Superintendent of Schools — District of Residence — Date

" / /
Signature of Physician — Date

" / /
Signature of Psychologist — Date

See Information Bulletins #17 & 26, for filing procedures. Blank copies of Form HC 2-1 may be obtained from Office for Education of Children with Handicapping Conditions, Bureau for Special Program Review, Room 465, EBA, State Education Department, Albany, New York 12234. Completed forms should be submitted by the Family Court to the above address.

BOARD OF COOPERATIVE EDUCATIONAL SERVICES
Putnam/Northern Westchester Education Center
Yorktown Heights, New York 10598 (914) 245-2700

Coding Instructions

C - List County
D - List District
DB - List Date Of Birth
CAT - List Screening Catagory
- P - Pass
- A - Accept
- W/W - Wait & Watch
- FD - Follow - up Diagnosis

NP - List initials of person to notify parents of screening results
HC - List handicapping condition
- EMR - Educoble mentally retarded
- TMR - Trainable mentally retarded
- A - Autistic
- ED - Emotionally disturbed
- SL-S - Severe speech and language impaired
- D - Deaf
- HH - Hard of hearing
- B - Blind
- PS - Partially sighted
- PH - Physically handicapped
- SLD - Severe learning disablity

HCG - Date HC 2 - 1 given
IG - Date immuzation form given
Releases/sent - List those to be sent by aging
RR - Date when released
PETD - List initials of teacher whose team will do PETD
PETD^2 - List date of testing
COH - List date of COH
COHR - List representative to attend COH

Page 2

PETD - Date of PETD report turned in
HCP - HC in from parents with date
IP - Immunization form in from parents with date
ID - Sent to district date
RD - Return from district date
PA -Prior approval received date
HC5 - Docket number of HC5
ED - Entrance date
- Initials of teacher

Page 3

TD - TD date
TDR - Date TD report turned in
HV - Initials of person whom made home visit & date
PO - Date of parent observation
PV - Check if volunteer
WD - Withdrawal date
WP - Withdrawal Placement
COH - Final COH date

Student Data Control Sheet

Name of Class or Screening Date_____

Name	C	D	DB	CAT	NP	HC	HCG	IG	Releases/sent	R.R	PETD	PETD	COH	COHR
	231											232		

NAME	PETD	HCP	IP	ID	RD	PA	HC5	ED	
233								234	

NAME	TD	TDR	HV	PO	PV	WD	WP	COH	COMMENTS
225									
									230

PART IV - SERVICES TO PARENTS

The preschool project aims at enhancing and developing the parent-child relationship. Parent involvement can take many forms, including parent meetings, conferencing and observation of the classroom. Participation and communication is stressed to insure coordination of efforts between home and school. The Parent Volunteer System has been piloted in our program and is being field tested at other similar programs in New York State.

A. Parent Goals
B. Parent Needs Assessment
C. Parent Orientation Procedures and Packet
    1. letter from teacher
    2. annual health examination/family information sheet
    3. permission for videotaping/photographs
    4. permission for walk in community
D. Sample Schedule of Parent Meetings
E. Parent Questionnaire on Visit to Classroom Program
F. Parent Group Meeting Questionnaire
G. Parent Satisfaction Questionnaire
H. Parent Volunteer System Description
I. Parent Volunteer System Questionnaire

PRESCHOOL PARENTS NEEDS ASSESSMENT

It is important for us to know what you as parents feel would be important to learn while your child is in out program. The purpose of this form is to find out what activities would be most important to you so that we can develop our parent program for the year based on your needs.

Please complete the questionnaire by placing a check in one column for each item.

	VERY IMPORTANT	SOMEWHAT IMPORTANT	NOT IMPORTANT
TYPES OF MEETINGS:			
1. Group meetings in the day			
2. Group meetings at night			
3. Meetings just for fathers			
4. Meetings just for mothers			
5. Meetings for both parents			
6. Individual conferences with teacher and members of the team			
POSSIBLE TOPICS FOR MEETINGS			
1. Activities to do at home			
a. Gross motor skills: these are large muscle skills such as sitting up, walking, jumping, etc.			
b. Fine motor skills: these are small muscle skills such as grasping objects, working puzzles, feeding, etc.			
c. Social skills: these are skills such as sharing and playing with children and adults			
d. Self-help skills: these skills eventually make the child independent. Some examples are dressing, undressing, feeding and toileting.			
e. Pre-academic skills: these skills prepare the child for school. Some examples are matching objects, sorting objects, counting objects, naming colors, etc.			
f. Language skills: these are communication skills which involve the ability to understand others and to make onesself understood.			
2. What we do in the classroom			
3. Services available in the community			
4. Description of tests we use			
5. Information on child development			

(OVER)

	VERY IMPORTANT	SOMEWHAT IMPORTANT	NOT IMPORTANT
6. How to involve brothers and sisters in your child's education			
7. Exchange practical suggestions from other parents			
8. Laws and your children's rights			
9. Labels - meanings pros and cons			
10. Question and answer time with			
a. Pediatric neurologist			
b. Ophthalmologist			
c. Audiologist			
d. Speech therapist			
e. Physical therapist			
f. Psychologist			
g. Other			
11. Panel of parents of children who have graduated from Preschool			
12. Meeting with the Director of Special Education			
13. Suggestions for ys at home			
14. What to tell other people about your child and his program			
15. Videotapes of your child's day			
16. Behavior modification			
17. How to maintain your own identity and growth when you have a special child			
18. The emotional development of the preschooler			

Please list any other topics of interest to you.

_____

_____

_____

PARENT ORIENTATION PROCEDURES:

Teacher and/or Social Worker/Family Liaison provides parents with the following information after the child has been accepted into the program and before the child begins:

1. Description of Program - include home training, classroom and supportive services.
2. Description of daily classroom routine or routine of home visit.
3. Discussion of parental responsibilities: child attendance, participation in observations, group meetings, IEP meetings, volunteer work.
4. Discussion of laws relating to early childhood education of the handicapped, busing, parent rights, procedures for seeing records, confidentiality.
5. Discussion of funding source and purpose of program.
6. Discussion of handouts:

HANDOUTS:

Home Program	School Program
Description of Program	Description of Program
Information on busing	Information on busing
School Calendar	School Calendar
Family Information Sheet	Family Information Sheet
Annual Health Examination	Annual Health Examination
Videotape & Photograph Release	Videotape & Photograph Release
Welcome letter from Supervisor	Welcome letter from Supervisor
Your Rights as a Parent of a Handicapped Child	Your Rights as a Parent of a Handicapped Child
	Permission for emergency Field Trip release

PUTNAM NORTHERN WESTCHESTER BOCES
LINKING LOCAL SCHOOL DISTRICTS AND STATE THROUGH SERVICE

BOARD OF COOPERATIVE EDUCATIONAL SERVICES

YORKTOWN HEIGHTS, NEW YORK 10598 (914) 245-2700

IV-3

Donald F. Rielle
Acting District Superintendent

Raymond A. DeFeo
Deputy Superintendent

Paul Irvine
Director
Special Educatic

Dear Parent:

I'd like to take this opportunity to welcome you and your child to the Preschool Program. I am very pleased that you have chosen to participate in helping your child develop his skills.

I realize that you have already spoken with your child's teacher and have made arrangements to begin the program.

If you have any questions regarding the program, please ask the teacher or contact me at 245-2700, Ext. 394. I am looking forward to meeting with you in the future.

Sincerely,

Amy L. Toole

Amy L. Toole, Supervisor
Preschool Program

ALT:ps

September 6, 1978

IV-3

Dear Pre-School Home Program Parents:

We are happy to begin a new school year with you. Mary Smyth, Margot Noschese and I are eager to begin our schedule of home visits.

Enclosed you will find a calendar of our school days, a family information sheet, a record form for an annual health examination and a release form for us to include your child in pictures taken of our program. If you have any questions or concerns about these forms, please speak with Mary, Margot or me about it.

Thank you for your interest and cooperation in these matters.

Sincerely,

Jacquelyn O. Jones

Jacquelyn O. Jones
Pre-School Home Teacher

JOJ:mf
Enc.

BOARD OF COOPERATIVE EDUCATIONAL SERVICES
Sole Supervisory District of Putnam and Westchester Counties
IV-3.

FAMILY INFORMATION SHEET

SCHOOL: _____

STUDENT'S NAME: _____

ADDRESS: _____

TELEPHONE NO.: _____

DATE OF BIRTH: _____

PLACE OF BIRTH: _____

FATHER'S NAME: _____

MOTHER'S NAME: _____

FATHER'S OCCUPATION: _____

BUSINESS ADDRESS: _____

TELEPHONE NO.: _____

FAMILY PHYSICIAN: _____

ADDRESS: _____

TELEPHONE NO: _____

Is this child receiving medication? _____
Name of medication: _____
Dosage: How much _____
How often _____
Date of prescription: _____

FAMILY DENTIST: _____

ADDRESS: _____

TELEPHONE NO.: _____

PERMISSION TO CONTACT FAMILY M.D. _____

PREVENTIVE MEASURES AND TESTS: GIVE DATES:

SMALLPOX: _____

POLIO: Salk Vaccine: _____
Sabin Trivalent, Oral _____

MEASLES VACCINE-LIVE VIRUS: _____

TRIPLE VACCINE _____
Diptheria _____
Whooping Cough _____
Tetanus _____

TETANUS TOXOID BOOSTER _____

TUBERCULIN TEST (Check one) Pos _____
Neg _____

SCHICK TEST (Check one) Pos _____
Neg _____

MUMPS VACCINE-LIVE VIRUS: _____

GERMAN MEASLES VACCINE _____

Record Approximate year your child had any of the following illnesses:

Chicken Pox _____
Measles (regular) _____
German Measles _____
Mumps _____
Whooping Cough _____
Heart Disease _____
Diabetes _____
Tuberculosis _____
Epilepsy: Grand Mal _____ Petit Mal _____
Asthma & Hayfever _____
Poliomyelitis _____
Pneumonia _____
Rheumatic Fever _____
Allergy (insects stings, drugs, foods) _____
_____
Operations _____

Is this child to wear glasses (check one) - not at all _____ all the time _____
for reading only _____.

Names of friends or relatives to be called for cases of illnesses or emergencies, when you cannot be reached at the above telephone number:

Name: _____

Relationship: _____

Address: _____

Telephone No.: _____

Name: _____

Relationship: _____

Address: _____

Telephone No.: _____

Date: _____

_____
(Signature of Parent or Guardian)

PARENT QUESTIONNAIRE ON VISIT TO CLASSROOM PROGRAM

NAME: _____ CHILD'S NAME _____

DATE OF VISIT: _____

	YES	NO
1) Do you feel your child is confortable with other children in the group?	___	___
If not, why not? _____		
2) Do you feel your child is getting enough individual help?	___	___
If not, what would you want done? _____		
3) Do you feel the group activities meet the needs of your child?	___	___
If not, what would you want done? _____		
4) Would you like to see more of any activities in the classroom?	___	___
If yes, what types of activities? _____		
5) Do you feel you understood the purpose of the activities?	___	___
If not, which ones? _____		
6) Do you feel the class was meeting the Special Needs of your child?	___	___
If not, which needs were not met? _____		

COMMENTS:

_____

_____

_____

_____

_____

_____

Would you like to make an appointment to discuss your visit? ___ ___

BOARD OF COOPERATIVE EDUCATIONAL SERVICES
Putnam/Northern Westchester Education Center
Yorktown Heights, New York 10598

IV-6

PRE-SCHOOL PROGRAM

PARENT GROUP MEETING QUESTIONNAIRE

DATE_____

TEACHER_____

	YES	NO
Was the time convenient?	___	___
Was the topic of interest to you?	___	___
Was the topic presented well?	___	___
Was the information what you expected from the proposed topic?	___	___
Did you gain information that will be helpful to you?	___	___

Please comment:_____

_____

Would you like any more information about the topic?	___	___

Which would you rather have:

a) a meeting to gain information ___

b) a meeting to have the opportunity to talk to other parents ___

Do you have any suggestions for future meetings?

_____

_____

_____

_____

Thank you for taking the time to fill out this questionnaire.

The Pre-School Staff

ALT:mf
1/4/79

Special Education Dept.
--School Services Building
Yorktown Heights, N.Y. 10598

Parent Questionnaire
June, 1978 9

IV-7

Program Information

1. The program in which my child participates is (check one): Classroom ☐ Home Program ☐

2. My child participated from ____/____ (month) (year) to ____/____ (month) (year)

Your Reactions to our Screening Procedures

3. Were you and your child comfortable during the screening procedures? ☐ (yes) ☐ (no)

4. Did you receive an appropriate response from the screening team? ☐ (yes) ☐ (no)

   Was the information clear and helpful? ..... ☐ (yes) ☐ (no)

Your Reactions to our Home or Classroom Program

5. Please rate the areas of the preschool program listed below by circling the number which best expresses your feelings about each.

a. Have you found preschool personnel to be caring?	1 very caring	2 caring	3 not caring
b. Do you feel that the instruction was appropriate to your child's needs?	1 very appropriate	2 appropriate	3 not appropriate
c. Do you feel that the materials used were appropriate?	1 very appropriate	2 appropriate	3 not appropriate
d. Were the activities suggested to you by the teacher helpful?	1 very helpful	2 helpful	3 not helpful
e. If your child participated in the home visit program, were you satisfied with the frequency of home visits?	1 very satisfied	2 satisfied	3 not satisfied
f. Were you satisfied with your child's progress in the home or classroom program?	1 very satisfied	2 satisfied	3 not satisfied

6. Our pre-school programs were designed to develop children's skills in the areas listed below. Please check the areas in which you have seen changes in your child. If you feel there was growth, place a + on the line. If no change, place an O on the line.

   A. Speech and language skills _____

   B. Physical coordination skills _____

   C. Self-help skills _____

   D. Social skills with others _____

7. Please indicate all those persons with whom you have had contact and the extant of your satisfaction with each by placing a check in the appropriate box.

	Teacher	Aide	Speech Specialist	Psychologist	Program Supervisor	Social Worker
Very Satisfactory						
Satisfactory						
Not Satisfactory						

8. If you participated in a parent discussion group, please complete the section below on effectiveness:

   Do you feel the group gave you a better understanding of your child? Yes ____ No ____

   Do you feel the group helped you to work more effectively with your child? Yes ____ No ____

9. If you did not participate in a parent discussion group, would you have liked to? Yes ____ No ____

10. Please indicate below your overall satisfaction with the Pre-School Program: —

1	2	3
extremely pleased	pleased	not pleased

11. Would you recommend this program to a friend who is the parent of a young child with similar needs? Yes ____ No ____

_____ Date Completed

_____ Parent Signature (optional)

PARENT COMMENT SHEET

Please use the space below for more personal comments, criticisms, suggestions, compliments, or other statements you may wish to make about the preschool program:

1. I have the following comments:

2. I have the following suggestions for future preschool programs:

Date completed _____ Parent Signature (optional) _____

THE PARENT VOLUNTEER SYSTEM: EFFECTIVE HELP IN THE PRESCHOOL CLASSROOM SETTING

Putnam/Northern Westchester BOCES Department of Special Education is currently operating a Regional Demonstration Program for Preschool Handicapped Children which is funded by the United States Office of Education, Bureau for the Education of the Handicapped, Handicapped Children's Early Education Program. One important component of the classroom program for three and four year old handicapped children is The Parent Volunteer System. This presentation will describe this system which is a specific approach to training and using parents as volunteers in a classroom setting. Teachers and administrators will be trained to initiate a volunteer program in their setting.

The use of volunteers is often cited in the literature as a method of decreasing costs of aides and increasing adult-child ratio. Yet few specific instructions or systems exist for implementing an effective volunteer system. Parent participation is also cited in the literature as essential in early childhood programs. A variety of models are suggested for involving parents. These include home training, parent groups, parent conferencing and counseling, and parent observations in the classroom. The Putnam/Northern Westchester BOCES Regional Demonstration Program utilizes all of these approaches but has also initiated The Parent Volunteer System. This system has decreased the cost of teacher aides for the program, as well as, increased parent effectiveness in working with children.

Having parents volunteer gives them the opportunity to learn to teach certain skills and learn to work with children, in groups and individually. It also allows parents to have the opportunity to see and learn about their child in a surrounding other than home. On the practical side, parent volunteers increase adult-pupil ratio and eliminate or decrease the number of teacher aides needed in a program. Using parents as volunteers eliminates some of the problems encountered with community volunteers such as a lack of motivation because no reward (monetary or other) is offered. Consistency may also be lacking, since community volunteers may not feel a responsibility to attend regularly.

The methodology utilized in the Parent Volunteer System helps to insure motivation and consistency. One reason for this is that the system is truly a volunteer system. Parents are asked to volunteer only if they feel it would be helpful to them. They are given responsibilities from the start. They are asked to choose one half day a week in which they will volunteer. They are given a list of parent substitutes and asked to be responsible for getting a substitute if they cannot attend that day. Initial parent group training is given and reviews such topics as confidentiality, daily routine and training children with special curriculum materials.

A card file of Parent Participation Plans (PPP) with specific instructions for each day of the month has been developed by this project and forms the major portion of the volunteer system. Parents come in and pick up their card. The card has specific instructions for the day for the parent. This eliminates the parent interrupting the teacher through the daily routine and provides the parent with visual, concrete instructions to refer to. Parents are given a notebook to write down questions and concerns. These are discussed at the end of the day. Parent Volunteer Training Workshops are given one-half hour a month, directly following the large group parent meetings.

Feedback received from parents has indicated that they are more aware of their child's learning and social-behavioral abilities and activities in the classroom. They are also able to follow through on many more appropriate activities at home and they have learned more effective ways of working with, as well as, handling behavior and stimulating language and cognition. The parents feel that their children are now comfortable being in a group setting with a parent present.

The format of this presentation will be a workshop. Participants will be taken through initial parent volunteer orientation and be taught to write PPP's. Participants will receive an instruction manual which gives directions for utilizing the system, a guide for and outlines of parent workshops, and sample PPP's. Transparencies and hands-on materials will be available. A parent will be on the panel to provide direct input to participants as to the parent's point of view. Upon completion of this workshop, participants should be able to implement the Parent Volunteer System in their setting.

ALT:mf
4/30/79

BOARD OF COOPERATIVE EDUCATIONAL SERVICES
Putnam/Northern Westchester Education Center
Yorktown Heights, New York

PRESCHOOL PROGRAM

Parent Volunteer System Questionnaire

Please take this questionnaire home with you and return it by Friday, June 8th, to Mrs. Boehm. We appreciate your taking the time to complete this, since your answers will help us design a system which is beneficial to you and other parents.

The questionnaire is divided into two parts. Part I asks you to evaluate the system itself; Part II asks you to evaluate what the system did or did not do for you as a parent.

PART I

1. Why did you volunteer?

_____

_____

_____

2. Rate the following aspects of the system.

	Very Helpful	Helpful	Not Necessary	Not Helpful
a) Training Sessions	_____	_____	_____	_____
b) Job Cards	_____	_____	_____	_____
c) Parent Notebook	_____	_____	_____	_____
d) Opportunity to meet with Teacher after School	_____	_____	_____	_____

3) If you rated any of the above aspects "not helpful" please comment as to why.

_____

_____

_____

_____

_____

4) a) List what you consider to be the STRENGTHS of the system:

_____

_____

_____

_____

_____

4) b) List what you consider to be the WEAKNESSES of the system:

_____

_____

_____

_____

_____

5) What changes would you like to see in the system for next year?

_____

_____

_____

_____

_____

6) Do you feel a monthly training program would be helpful?

YES _____ NO _____

If yes, what topics would you like to see included:

_____

_____

_____

_____

PART II

1. Has the Volunteer System been beneficial for you?

   YES_____ NO_____

   If yes, in what ways?

   _____

   _____

   If no, what was wrong with the system:

   _____

   _____

2. Did you enjoy volunteering?

   YES_____ NO_____ SOMETIMES_____

   If no or sometimes, comment as to why:

   _____

   _____

3. If your child was to be enrolled in the program again, would you volunteer again? YES_____ NO_____ MAYBE_____

   Why? _____

   _____

4. Did this experience give you a better understanding of your child's needs?

   YES_____ NO_____

   If yes, give examples:

   _____

   _____

   _____

   _____

   _____

   Did the experience give you a better understanding of your child's abilities?

   YES_____ NO_____

   If yes, give examples:

   _____

   _____

   _____

   _____

   _____

5. Do you feel more comfortable about working with a group of children?

YES_____ NO_____ SOMETIMES_____

If yes, did you learn any specific methods which make you feel more comfortable? Please List:

_____

_____

_____

_____

_____

6. Do you feel that you know about more activities that you can use with your child at home?

YES_____ NO_____

If yes, give examples:

_____

_____

_____

_____

_____

7. a) Do you feel that you understand the steps that a preschool child goes through in learning different skills as a result of volunteering?

YES_____ NO_____ SOMEWHAT_____

b) Is there any particular knowledge that you gained about children and how they develop by volunteering?

YES_____ NO_____

If yes, please explain:

_____

_____

_____

8. The Preschool Program is very structured and follows a daily routine. Did you find this -

	YES	NO
a) Helpful in observing your child	_____	_____
b) Made it easier to work with the children	_____	_____
c) Beneficial for the children	_____	_____
d) Confusing for the children	_____	_____

List any other benefits of the daily routine:

List any problems you encountered because of the structure:

COMMENTS:

Thank you for your help in evaluating our Parent Volunteer System. The system was designed to give us more help in the classroom and to give you a better understanding of our Program and your child. We hope it has been helpful.

Have a good summer.

Sincerely,

Ellen Boehm and
Amy Toole

PART V - STAFF DEVELOPMENT

Staff Development is an important facet of the Preschool Program. Communication between administration and staff regarding policies and procedures is accomplished through regular staff meetings. A formal needs assessment of all teaching and clinical personnel is conducted at the beginning of the school year. The results are reported to the staff and workshops are scheduled to meet those needs. Evaluation of the workshops is essential to evaluate the effectiveness of the staff development program.

A. Staff Needs Assessment
B. Goal Summary Sheet
C. Transdisciplinary Training Workshop

STAFF NEEDS ASSESSMENT

The purpose of this form is to identify what inservice training activity would be most important to you this year, so that a staff training program can be developed based on your needs.

Please complete this questionnaire by placing a check in the appropriate box on the right-hand side.

	IMPORTANT			AIDE SHOULD ALSO ATTEND
	VERY	SOME WHAT	NOT	
1. The emotional development of the preschool child	___	___	___	___
2. Language development of the preschool child	___	___	___	___
3. Cognitive growth of the preschool child	___	___	___	___
4. Methods of individualization - methods of teaching and record-keeping	___	___	___	___
5. Stimulating language in the classroom environment	___	___	___	___
6. Running parent groups	___	___	___	___
7. Training paraprofessionals	___	___	___	___
8. Ideas for arts and crafts activities	___	___	___	___
9. Materials sharing	___	___	___	___
10. Parent conferencing techniques	___	___	___	___
11. Review of the laws	___	___	___	___
12. Brainstorming sessions for ideas to use with particular children	___	___	___	___
13. Community agencies - who are they and what do they do?	___	___	___	___
14. Overview of other preschool programs for the handicapped	___	___	___	___

OTHER SUGGESTED TOPICS FOR TEACHERS, TEAM AND/OR AIDES

SUGGESTED SPEAKERS

BOCES OF P/NW - SPECIAL EDUCATION GOAL REVIEW MEETING SUMMARY SHEET V-2

DATE: _____ GOALS FOR: _____

The following goals were updated or mutually reviewed and agreed upon:

	GOAL DESCRIPTION OR UPDATE REPORT	AGREED EVALUATION PROCEDURES	SUPPORT TO BE PROVIDED
Goal #			
Goal #			
Goal #			
Goal #			
Goal #			
Goal #			
Goal #			
Goal #			
Goal #			
Goal #			
Goal #			
Goal #			

., other comments, etc.:

We will meet again for review on _____ at _____. Signatures attending: _____ _____ _____

BOARD OF COOPERATIVE EDUCATIONAL SERVICES
Putnam/Northern Westchester Education Center
Yorktown Heights, New York

TRANSDISCIPLINARY TRAINING WORKSHOP
March 29, 1979

Role of Team Members in Arena Evaluation -

Attending: Amy Toole, Ellen Boehm, Carol Eagen, Linda Fleck, Elaine Zucchi, Fran Vandenberg.

SPEECH AND LANGUAGE EVALUATION -

There are essentially six overlapping aspects to a speech and language evaluation. They include:

I - Pertinent History
  a) Medical History
  b) Family History
  c) General description of child's behavior, likes and dislikes as well as impressions of child's interaction with family members.

II - Child's behavior during evaluation including attention span, eye contact, use of toys, response to adults.

III - Auditory skills
  Based on the child's behavior, speech and language skills and history, it should be determined if an auditory disorder is a possible dontributing factor and if formal auditory testing should be recommended.

IV - Speech Skills
  Intelligibility of speech is examined and a determination is made as to contributing interfering factors.

V - Peripheral Speech System
  The speech mechanism is examined and structural and functional disorders are noted to determine if they are significant in cojtributing to overall speech/language profile.

VI - Language Skills
  Prelanguage skills as well as language skills including content form and use are evaluated.

The information for the evaluation is obtained from:

I - Parent Interview
II - Child Interview - including formal and informal testing procedures.
III - Reports from other professionals of other disciplines

Impressions and recommendations are made based on the child's total profile. Judgements as to how the speech and language skills of the child relate to other developmental levels effect the speech/language program.

ROLE OF THE SOCIAL WORKER IN FORMULATING FAMILY INTERVENTION PLAN -

Linda spoke about assessing the social/emotional development of the child. The social worker's role concerns the impact of the special needs child upon the family. Underscored was the importance of the initial interview with the family in order to ascertain:

a) What the family sees as the child's problem.
b) What they have done to alleviate the problem.
c) What emotional/financial social resources family has to assist them.

Use of the genogram was explained to provide map for social work intervention.

ROLE OF THE PSYCHOLOGIST IN THE TD ASSESSMENT -

As my part of the TD assessment, I am focusing on the child's present level of intellectual and perceptual functioning, his reaction to a structured test situation and social-emotional development, especially as it pertains to his style of interaction in a learning situation.

My assessment is designed to describe the child's preferred or best developed mode for learning as well as areas of weakness for the purpose of appropriate educational planning. I shall also consider the need for referral to other specialists for visual, audiometric, physical, etc. evaluations.

Tests to be administered shall include the Bayley Scales of Children's Development, Standord-Binet Intelligence Test, form L-M, McCarthy's Scale of Childrens Abilities and Wechsler Preschool Primary Scales. In many instances, different subtests from a variety of tests shall be used to insure that we measure the highest level of functioning in all areas under consideration.

The premise underlying this approach is simply that learning styles take shape from infancy on. This, com bined with a child's temperament and sensitivity to stress, give us vital information to help in planning an educational program he can respond to with enthusiasm and success.

BJ/LF/EZ:mf

PART VI - DEMONSTRATION AND DISSEMINATION

The preschool program is funded by the Bureau for the Education of the Handicapped as a demonstration program.

The objective is to create awareness of the need for and availability of services for preschool handicapped children. Awareness activities include workshops on early intervention, orientation sessions and on-site visits. Specific training to other early childhood programs is also available.

A. Objectives
B. Outreach - Demonstration & Dissemination Items
C. Outline for Presentation to School Districts
D. Outline for Presentation to Physicians
E. Contents of Visitor Orientation Packet
F. Letter describing services to parents
G. Procedures for Replication

B - Plan for Second Year - Objectives

The objectives for the second year of this regional demonstration program include:

1. To evaluate each child's developmental level and to design an Individualized Educational Plan (I.E.P.) for each child.
2. To adopt curriculum material to form the basis of the instructional program.
3. To develop and demonstrate a classroom program and a home training program to meet the specific needs of preschool handicapped children.
4. To demonstrate a service delivery model that may be observed by interested educators, legislators, and other community leaders.
5. To provide consultation and assistance to other intermediate units and local school systems which choose to adopt this service delivery model.
6. To develop and demonstrate a program of field experience to prepare physical therapists to work with preschool children in a public school setting.
7. To demonstrate support services which will assist area preschool programs, nursery schools and day care centers to integrate handicapped children into their programs.
8. To involve BOCES staff and local district staff in the development of each handicapped child's specific programs to insure that the child's placement upon reaching school age is in the least restrictive environment and that the transition is made smoothly.
9. To increase the effectiveness of parents in facilitating the development of handicapped children.
10. To begin a process redesigning of the curriculum as necessary based on how graduates of the program are performing in their subsequent school placements.
11. To seek alternative funding sources for long-term continuation of services to preschool handicapped children in the Putnam/Northern Westchester area.

BOARD OF COOPERATIVE EDUCATIONAL SERVICES
YORKTOWN HEIGHTS, NEW YORK 10598 (914) 245-2700

Donald F. Rielle
Acting District Superintendent

Raymond A. DeFeo
Deputy Superintendent

Paul Irvine
Director
Special Education

VI-2

July 20, 1979

Dear Project Director:

The purpose of this letter is to describe the services and materials which our early childhood program can make available to other programs.

Putnam/Northern Westchester BOCES offers a variety of services to the preschool handicapped child and his family. These services have been made available since January, 1976, through Title VI-B monies administered by the State Education Department, and during this past year, supplemented by demonstration funds from the Office of Education, Bureau of Education for the Handicapped. Next year, services to children and their parents will be made available through funds obtained by parents petitioning Family Court. The funds obtained from the Bureau of Education for the Handicapped will be used specifically to provide demonstration and dissemination of products and methods which have been developed.

One goal of our program to provide assistance to new early childhood projects in New York State.

I would appreciate your reviewing the attached sheet, indicating any areas of assistance which might be of interest to you or your staff and returning this sheet to me at your earliest convenience. I will then contact you by phone regarding the specific services or materials which you have requested. It is our hope that we can be of assistance to you and the staff of your early childhood program for the handicapped.

Sincerely,

Amy L Toole

Amy L. Toole, Supervisor
Preschool Programs for Children
with Special Needs

ALT/hs
Att.

REQUEST FOR DEMONSTRATION AND DISSEMINATION ITEMS

VI-2

I would be interested in receiving more information on the following items:

1. Needs assessment - A one-day consultation to help identify the needs of your project and to give suggestions for possible solutions ____

2. Staff observation of the Putnam/Northern Westchester BOCES

   A. Classroom Program ____

   B. Home-training Program ____

3. Staff training in the transdisciplinary training, assessment and consulting model for early childhood intervention (see attached description) ____

4. Staff training available for the parent-volunteer system (see attached description) ____

Written material available:

1. Searching for Handicapped Preschoolers, a guide to identifying children in a large geographical region (in preparation) ____

2. Techniques for Establishing Inter-agency Cooperation and Communicating with School Districts (in preparation) ____

3. Project Manual - A manual which includes all procedures, forms, and evaluative methods used in the Putnam/Northern Westchester BOCES Preschool Program ____

Name _____ Title _____

Address _____
Street City State/Zip

Phone Number _____

RETURN THIS FORM TO:

Amy L. Toole
School Services Building
BOCES
Yorktown Heights, NY 10598

BOARD OF COOPERATIVE EDUCATIONAL SERVICES
Putnam/Northern Westchester Education Center
Yorktown Heights, New York 10598

PRESCHOOL PROGRAM

Outline of Presentation to Physicians

HAND OUT PACKETS

SERVICE DELIVERY MODEL

SEARCH - referrals from physicians, other professionals, parents, nursery schools

SCREENING - done every month
- team: social worker, psychologist, speech pathologist and special education teacher
- parent interview, Denver and observation of child's behavior
- approximately 50% of children are accepted, others referred for other services, if needed
- definition of Handicapping Conditions
- HC 2-1 Family Court Petition

SERVICES PROVIDED

ASSESSMENT

HOME TEACHING PROGRAM - children under three visited one time per week - teach parents to work with their children

CLASSROOM PROGRAMS - Yorktown, Mahopac, Peekskill
structured language based
IEPs, Parent Involvement

GRADUATES GO TO REGULAR KINDERGARTEN, NURSERY SCHOOLS, SPECIAL EDUCATION CLASSES

WHAT PHYSICIANS CAN DO TO HELP THE BOCES PRESCHOOL PROGRAM

SLIDE SHOW

THANK YOU

PART VII - EVALUATION

Demonstrating effectiveness of the intervention provided to preschool handicapped children is necessary to justify the expenditure. Evaluation of program effectiveness in meeting its stated goals is necessary and required. This project is utilizing Capla Associates to design and implement its evaluation. The impact of the effectiveness of this design will be evaluated toward the completion of the project.

A. Services for Children
B. Staff Development
C. Services for Parents
D. Demonstration & Dissemination

CAPLA ASSOCIATES, INC. EDUCATIONAL CONSULTANTS
18 OVERLOOK AVENUE • ROCHELLE PARK, NEW JERSEY 07662 • 201-845-3399

PRE-SCHOOL HANDICAPPED PROGRAM EVALUATION DESIGN

SUMMARY TABLES

SUMMARY TABLE OF EVALUATION DESIGN FOR PRE-SCHOOL HANDICAPPED PROGRAM
CLASSROOM PROGRAM-PROCESS VARIABLES

KEY VARIABLES	TARGET GROUP	PROCEDURES AND INSTRUMENTS	CRITERIA	PROPOSED TIMELINE	PERSON(S) RESPONSIBLE
Description of PSHP Core Elements	All PSHP Classrooms	Utilization of Hall and Louck's Innovation Configurations Model	N/A	Jan.-Feb. 1980	Capla staff in collaboration with PSHP staf
Frequency of Use of Core Elements	All PSHP Classrooms	a) Time-sample observations of PSHP classrooms using the Core Elements Observation Checklist b) Completion of IEP Conference Summary Report c) Completion of Parent Service Record	Staff will establish criteria; discrepancy between expected and actual level of implementation of all Core Elements will not exceed 5 percent	Apr.-May 1980	Capla staff wi conduct observ tions and nece sary data analysis; PSHP staff will collect IEP an parent service data
Technical Understanding of Innovation	All PSHP staff	Assessment of staff knowledge and abilities; using Staff Questionnaire with a Likert-type rating scale	90 percent of staff will demonstrate a technical understanding of PSHP and its core elements by overall mean ratings of 4.0 or above on a 5-point Likert Scale	Administer in Apr.-May, 1980	Capla Staff wi conduct data collection an analysis

*Note: The collection of data for all the key variables described in this section will result in an aggregated score or index of implementation for each of the nine PSHP classrooms.

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SUMMARY TABLE OF EVALUATION DESIGN FOR PRE-SCHOOL HANDICAPPED PROGRAM
CLASSROOM PROGRAM-PROCESS VARIABLES (CONTINUED)

KEY VARIABLES	TARGET GROUP	PROCEDURES AND INSTRUMENTS	CRITERIA	PROPOSED TIMELINE	PERSON(S) RESPONSIBLE
Values Internalization of Innovation	All PSHP staff	Assessment of staff attitudes and perceptions using the Staff Questionnaire with a Likert-type rating scale	90 percent of staff will demonstrate values internalization of PSHP and its core elements by overall mean ratings of 4.0 or above on a 5-point Likert Scale	Administer in April/May, 1980	Capla staff will conduct data collection and analysis
Receptivity of Parents and Staff to Innovation	All PSHP staff and those parents involved in the Parent Volunteer System	Assessment of level of satisfaction of parents and staff using Parent Volunteer System Questionnaire and Staff Questionnaire, respectively, both with Likert-type rating scales	90 percent of both staff and parents will demonstrate satisfaction with program by overall mean ratings of 4.0 or above on a 5-point Likert scale	Administer in April/May, 1980	PSHP staff will collect parent data; Capla staff will collect data from PSHP staff and conduct data analysis

SUMMARY TABLE OF EVALUATION DESIGN FOR PRE-SCHOOL HANDICAPPED PROGRAM
CLASSROOM PROGRAM-OUTCOME VARIABLES

KEY VARIABLES	TARGET GROUP	PROCEDURES AND INSTRUMENTS	CRITERIA	PROPOSED TIMELINE	PERSON(S) RESPONSIBLE
ains in general ognitive, motor, ocial, and anguage develop- ent	All students for whom pre/post measures have been obtained during either the 1978-79 or 1979-80 school years; A stratified random sample will be used for case studies	a) Norm-referenced analysis using McCarthy Scales of Children's Abilities; b) Development of case studies using records' review and interviews/questionnaires; c) Document and review records of other services received by students	1) Statistical significance to .05 level; 2) Educational significance: a) Size of effect greater than one-third standard deviation of norm group; b) Expert testimony. 3) Students will not receive more than 3-4 hours of additional services per week	Pre- and post-tests with the McCarthy Scales in October and May, respectively; Ongoing record-keeping procedures for case studies	PSHP staff will conduct data collection; Capla staff will perform data analysis on 1979-80 data and will reanalyze data from 1978-79 using comparable techniques
aintenance of tudent gains	1979 graduates of the PSHP for whom there are pre/post measures in the 1978-1979 data base	Norm-referenced analysis using McCarthy Scales of Children's Abilities	Students have maintained at least the same level of percentage standing as occurred on post-test in May, 1979	Administer test in April, 1980	PSHP staff will conduct data collection; Capla staff will perform data analysis

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SUMMARY TABLE OF EVALUATION DESIGN FOR PRE-SCHOOL HANDICAPPED PROGRAM
CLASSROOM PROGRAM-OUTCOME VARIABLES (CONTINUED)

KEY VARIABLES	TARGET GROUP	PROCEDURES AND INSTRUMENTS	CRITERIA	PROPOSED TIMELINE	PERSON(S) RESPONSIBLE
Mastery and maintenance of educational objectives in primary area(s) of need	All students in classroom program	Modified multiple baseline analysis/time series design using IEP objectives checklist for students' primary area(s) of need	At least 80 percent of students will master all objectives in primary area(s) of need and will demonstrate maintenance of skills at an 80 percent level	Two tests prior to treatment; one test upon mastery of skill and one again no more than six months later for maintenance	PSHP staff will conduct data collection; Capla staff will perform data anslysis
Relationship between level of implementation and student gains	All PSHP classrooms	Analysis of variance using the classroom's index of innovation usage and the McCarthy Scales of Children's Abilities	Statistical significance to .05 level between high versus low implementers on levels of student achievement	Index determined by May, 1980; McCarthy tests given in May, 1980	PSHP staff collect test data; and Capla staff will collect implementation data and perform necessary data analysis

SUMMARY TABLE OF EVALUATION DESIGN FOR PRE-SCHOOL HANDICAPPED PROGRAM
HOME TEACHING PROGRAM-OUTCOME VARIABLES

KEY VARIABLES	TARGET GROUP	PROCEDURES AND INSTRUMENTS	CRITERIA	PROPOSED TIMELINE	PERSON(S) RESPONSIBLE
Gains in students' mental, motor, social, and language development	All students for whom pre/post measures have been obtained during the 1979-1980 school year	Norm-referenced analysis using Bayley Scales of Infant Development for students 2-30 months and McCarthy Scales of Children's Abilities for students 2½ years and older	1) Statistical significance to the .05 level; 2) Educational significance: a) Size of effect greater than one third standard deviation of norm group; and b) Expert testimony	Pre-test on entry to the program; Post-test on exit from the program	PSHP staff will conduct data collection; Capla staff will perform data analysis and prepare necessary reports
Mastery and maintenance of educational objectives in primary area(s) of need	All students in Home Teaching Program for whom pre/post measures are available	Modified multiple baseline analysis/time series design using IEP objectives checklists and the home activity plan for the students' primary area(s) of need	At least 80 percent of the students will master all specified objectives in primary area(s) of need and demonstrate maintenance of skills at 85 percent level	Two tests prior to intervention; one test upon mastery of the skill, and one test no more than six months after for maintenance	PSHP staff will conduct data collection; Capla staff will perform data analysis

SUMMARY TABLE OF EVALUATION DESIGN FOR PRE-SCHOOL HANDICAPPED PROGRAM
DEMONSTRATION/DISSEMINATION PROGRAM-OUTCOME VARIABLES

KEY VARIABLES	TARGET GROUP	PROCEDURES AND INSTRUMENTS	CRITERIA	PROPOSED TIMELINE	PERSON(S) RESPONSIBLE
Number and types of D/D activities conducted	All schools and agencies requesting and/or receiving services thru D/D Program	Documentation using PSHP Contact Report Form and Telephone/ Visitation Logs	No more than 5 percent discrepancy between obtained results and specified project objectives	Ongoing record-keeping procedure throughout program year	PSHP staff will conduct data collection; Capla staff will conduct data analysis
Number and types of individuals and/or agencies requesting D/D services	All schools and agencies requesting and/or receiving services thru D/D Program	Documentation using PSHP Contact Report Form and Telephone/ Visitation Logs	No more than 5 percent discrepancy between obtained results and specified project objectives	Ongoing record-keeping procedure throughout program year	PSHP staff will conduct data collection; Capla staff will conduct data analysis
Frequency of requests for D/D services	All schools and agencies requesting and/or receiving services thru D/D Program	Documentation using PSHP Contact Report Form and Telephone/ Visitation Logs	No more than 5 percent discrepancy between obtained results and specified project objectives	Ongoing record-keeping procedure throughout program year	PSHP staff will conduct data collection; Capla staff will conduct data analysis

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SUMMARY TABLE OF EVALUATION DESIGN FOR PRE-SCHOOL HANDICAPPED PROGRAM
DEMONSTRATION/DISSEMINATION PROGRAM-OUTCOME VARIABLES (CONTINUED)

KEY VARIABLES	TARGET GROUP	PROCEDURES AND INSTRUMENTS	CRITERIA	PROPOSED TIMELINE	PERSON(S) RESPONSIBLE
Number, type and frequency of follow-up activities conducted	All schools and agencies requesting and/or receiving services thru D/D Program	Documentation using PSHP Contact Report Form and Telephone/ Visitation Logs	No more than 5 percent discrepancy between obtained results and specified project objectives	Ongoing record-keeping procedure throughout program year	PSHP staff will conduct data collection; Capla staff will conduct data analysis
Results of requests for D/D services	All schools and agencies requesting and/or receiving services thru D/D Program	Documentation using PSHP Contact Report Form and Telephone/ Visitation Logs	No more than 5 percent discrepancy between obtained results and specified project objectives	Ongoing record-keeping procedure throughout program year	PSHP staff will conduct data collection; Capla staff will conduct data analysis

PART VIII - APPENDIXES

A. Staff Directory

B. Liaison Officers

C. Transportation Supervisors

D. Staff Publications

1. Learning Activities at home

2. Bonnie Johnson

3. Month by Month

E. Nursery School List

F. Cut-off dates for Kindergarten

G. Information Bulletin #17 and Proposed Legislation, and Family Court Act

H. Special Education Books Available to Preschool Staff

I. Other student data forms
Student information summary
Summary of agency contacts
Observation record
Parent services record

LIAISON OFFICERS 1980-81

BEDFORD
Mrs Joyce DeChristopher
Bedford Central Schools
P.O. Box 180
Mt. Kisco, NY 10549
Tel.: 666-6731

BREWSTER
Mrs. Mollie Kames, SSW
Brewster Central Schools
Brewster, NY 10509
Tel.: 279-8001

BRIARCLIFF
Ms. Eleanore Fisher
Briarcliff Middle School
Briarcliff, NY 10510
Tel.: 941-8181

BYRAM HILLS
Ms. Linda Ochser
Byram Hills School District
172 King Street
Armonk, NY 10504
Tel.: 273-3923

CARMEL
Mrs. Carolyn DeVita
Carmel School District
South Street
Patterson, NY 12563
Tel.: 225-8441

CHAPPAQUA
Dr. Alan Taylor
Roaring Brook School
Quaker Road
Chappaqua, NY 10514
Tel.: 238-3911

CROTON
Dr. Janet Younng
District Liaison Officer
Croton School District
Municipal Building
Croton, NY 10520
Tel.: 271-4713

GARRISON
Mr. Anthony Mazzullo
Garrison School District
Garrison, NY 10524
Tel.: 424-3689

HALDANE
Mrs. Hortense Thurm
Haldane School District
Cold Spring, NY 10518
Tel.: 265-9254

HEN. HUD.
Dr. Barry Binder
Hendrick Hudson School Dist.
Blue Mountain Middle School
Furnace Woods Road
Peekskill, NY 10566

KATONAH
Mr. George Kandilakis
John Jay Senior High School
Route 121
Cross River, NY 10518
Tel.: 763-3126

LAKELAND
Mr. Richard Eby
Director of Pupil Personnel
Lakeland High School
Shrub Oak, NY 10588
Tel.: 528-0843

MAHOPAC
Mr. Eugene Arcery
Mahopac Central Schools
Baldwin Road
Mahopac, NY 10541
Tel.: 628-3415

OSSINING
Dr. Corinne Bloomer
Ossining School District
83 Croton Avenue
Ossining, NY 10562
Tel.: 941-7700

NORTH SALEM
Mr. Joseph Solanto
North Salem School District
North Salem, NY 10560
Tel.: 669-5414

PEEKSKILL
Mrs. Marguerite Kronheim
Peekskill School District
1031 Elm Street
Peekskill, NY 10566
Tel.: 737-3300

PUTNAM VALLEY
Mrs. Nancy Witt
Putnam Valley School District
Oscawana Lake Road
Putnam Valley, NY 10579
Tel.: 528-8101, 8102, 8125

SOMERS
Mr. Paul Becher
School Psychologist
Primrose School
Lincolndale, NY 10540
Tel.: 248-8888

YORKTOWN
Mr. David T. Cadwallader
Yorktown School District
2723 Crompound Road
Yorktown Heights, NY 10598
Tel.: 245-6045

WILTWYCK
Mrs. Judy Tenney
UFSD Wiltwyck
P.O. Box 24
Yorktown Heights, NY 10598
Tel.: 762-2000

BOARD OF COOPERATIVE EDUCATIONAL SERVICES
Putnam/Northern Westchester Education Center

TRANSPORTATION SUPERVISORS 1980-81

BEDFORD
Mr. Thomas Kelleher
P.O. Box 180
Mt. Kisco, NY 10549
Tel.: 666-6731

BREWSTER
Mrs. Ruth Sinclair
Brewster, NY 10509
Tel.: 279-4700 or 5528

BRIARCLIFF
Mr. Richard Durham
Briarcliff, NY 10510
Tel.: 941-8880, Ext. 372

CARMEL
Mrs. Mary Brugger
Carmel, NY 10512
Tel.: 225-6617 or 3200

CHAPPAQUA
Mr. Wayne Elmore
Chappaqua, NY 10514
Tel.: 238-8384

CROTON
Mr. George Morgan
Old Post Road
Croton, NY 10520
Tel.: 271-4675

GARRISON
Mr. Joe Delaney
Garrison, NY 10524
Tel.: 424-3689

HALDANE
Mr. Tom Galvin
Cold Springs, NY 10516
Tel.: 265-9254

HEN. HUD.
Mr. Edward Kear
Albany Post Road
Montrose, NY 10548
Tel.: 737-6686

KATONAH
Mr. Andy Lundgren
Katonah, NY 10536
Tel.: 763-5750

LAKELAND
Mr. Noel Kaiser
Old Route 6
Shrub Oak, NY 10588
Tel.: 528-4445

MAHOPAC
Mr. Edward Harkins
Mahopac, NY 10541
Tel.: 628-7030

OSSINING
Mr. John Marchi
83 Croton Avenue
Ossining, NY 10562
Tel.: 941-7700, Ext. 216

NORTH SALEM
Mr. Richard Maxey
North Salem, NY 10560
Tel.: 669-5414, Ext. 38

PEEKSKILL
Ms. Anne Desmond
Crompound Road
Peekskill, NY 10566
Tel.: 737-3300, Ext. 200,210

PUTNAM VALLEY
Mr. James Bracken
Oscawana Lake Road
Putnam Valley, NY 10579
Tel.: 528-8125

SOMERS
Mr. Robert Nussbaum
Somers Jr. High School
Somers, NY 10589
Tel.: 277-5555

YORKTOWN
Mr. Richard Alexander
Yorktown Heights, NY 10598
Tel.: 245-6035

BOCES #2
Mr. Norm Holloway
Elmsford, NY 10523
Tel.: 948-0110

BOCES Transportation Telephone	245-2700, Ext. 370
BOCES Special Education Night Number	962-4838
BOCES Yorktown Tech Number	245-2700, Ext. 360
BOCES Putnam Tech Number	225-8491
BOCES Fox Meadow Tech Number	245-2700, Ext. 370

7/21/80

BOARD OF COOPERATIVE EDUCATIONAL SERVICES
Putnam/Northern Westchester Education Center
Yorktown Heights, New York 10598

PRESCHOOL PROGRAM

NURSERY SCHOOL PROGRAMS IN PUTNAM/N. WESTCHESTER BOCES REGION

* Asbury Play & Learn
Old Post Road
Croton, N. Y. Doris Daubney 271-3628

AB-Z Montessori
Ms. B. Wilder 666-2203

* Aunt Bessie's Day Care (Head Start)
Union Street
Peekskill, N.Y. Dr. Laurel Wright 737-9166

* Big Top Nursery
Church of Good Shepherd
Granite Springs, N.Y.

Briarcliff Nursery School
Box 28
Briarcliff Manor, N.Y.
Ms . Barbara Scopes 941-4373

* Circle School
1 Gotwald Circle
Croton, N.Y. Ms. Stanley Gunn 271-8950

* Center N.S. of Yorktown
Jewish Center
Route 202 & Loretta Street
Barbara Schwartz 245-2133

Congregation Sons of Israel N.S.
CSI Nursery
1666 Briarcliff Road Ellen Freeman 762-2700

* Country Children's Center
31 Bedford Road
Katonah, N.Y. Carol Dubiel

* Croton Community Nursery
25 Van Wyck Street
Croton, N.Y. Ms. Mendelsohn 271-4451

* Drew Nursery School
Drew United Methodist N.S.
Gleneida Avenue
Carmel, N.Y. Ms. Bromberg 225-2019

VIII-5

* First Hebrew N. S.
1821 East Main Street
Barbara Kauffman 739-0500

First Presbyterian Church

Phillipstown, N.Y. GA 4-3227

Hansel & Gretel N.S.
310 Washington Street
Peekskill, N.Y. 739-6179

Highland N.S.
39 Highland Avenue
Chappaqua, N.Y. 10514
Ms. Sandra Oppenheimer 238-8386

* International Preschool
341 Bleakley Avenue
Buchanan, N.Y.
Dr. Rory Somerstein 739-0809

Katonah Playschool
35 Wildwood Road
31 Bedford Road
Katonah, N.Y. 10536 Roberta A. Fogle 232-5903

Little Raindrops N.S.
Dixon Pond Road
Mahopac, N.Y. Dr. Messina 628-6155

* Little School
18 Old Post Road
Croton, N.Y. 10520

* Mahopac Falls N.S.
Austin Road
Mahopac, N.Y. 10541
Marguerite Styskal 628-2365

Mohegan Colony School
Crompound Road
Lake Mohegan, N.Y. Jean Mulcahy 528-9746

* Montessori School
Box 72
Yorktown Heights, N.Y. 739-3988
Betty Hengst 962-9461

Mother Gadson Day Care Center
Lutheran Church
S. Bedford & Main Street
Mt. Kisco, N.Y. 10549 666-9707

Mount Kisco Day Care
300 Main Street
Mt. Kisco, N.Y. 10549 Mary Halprin 241-2135

* My School
Box 881
Mahopac, N.Y. Madeline Mulligan 277-5320

* Noah's Ark
Route 6N
Mahopac, N.Y. 10541
Pat Strivieri 628-8722

* North Salem N.S.
Box 147
Route 116 & 124
North Salem, N.Y. Lois Adamson 669-5563

* Open Day N.S.
Box 277
Main Street
Shrub Oak, N.Y. Pam Caracelo (Dr.) 245-1435

* Ossining Children's Center
90 So. Highland Avenue
Ossining, N.Y. 10562 Dr. Sally Zeigles 941-0230

* Ossining Pre-Kindergarten
Park Street
Ossining, N.Y. 10562
Dr. Shelly Klurfeld

* PARC - Kent Center
Route 52
Carmel, N.Y. 10512 Dr. Carol Zacarro 225-1115

Peekskill - N.S. of Pres. Church
725 South Street
Peekskill, N.Y. 10566 Ms. Ryerson 737-1293

Putnam Valley N.S.
Adams Corner
Putnam Valley, N.Y. 10579
Dr. Elizabeth Kilcullen 528-9833

Quakerbridge School Camp
Albany Post Road
Ossining, N.Y. 10562
Ms. Phyllis Klein, Ms. Sheila Baum WI 1-9687

Ridgeway N.S.
Alliance Church
White Plains, N.Y.

Saint Matthew Day Care
50 No. Malcolm Street
Ossining, N.Y. Ann Malcolm 941-1715

Saint Phillipus N.S.
Cold Spring, N.Y. 10516
Ms. Carol Seaboldt

* South East Early Learning Center
SECLC
81 Main Street
Brewster, N.Y.
Jill Jacobs, Sharon Glickman 279-9602

South Salem N.S.
South Salem Pres. Church
Main Street
South Salem, N.Y.
Virginia Patek 763-8581
Phyllis Richardson 763-3560

* Sunset N.S.
Sunset Road
Montrose, N.Y. Ms. Gene Stickles 737-8544

Temple Beth Am
203 Church Place
Yorktown Heights, N.Y. 10598
Ms. Marion Nagursky

* Temple Beth Shalom
Route 6
Mahopac, N.Y. 10541 Ms. Hirsch 628-6133

* Tom Thumb N.S.
Route 6
Mohegan Lake, N.Y. 528-5600

Torbank Community N.S.
St. Paul's on the Hill
Ganung Drive
Ossining, N.Y. 10562 Ms. Andrews 941-1563

Tuttle Montessori Preschool
Camp Woods Road
Ossining, N.Y. 10562 Janet Williams 762-1741

* United Methodist N.S.
1040 Main Street
Peekskill, N.Y. (home) 739-4565
Ms. Whittaker, Ms. Sabil 737-8544

Village Nursery School
120 King Street
Chappaqua, N.Y. 10514 Alice Watkins 238-4800

* Yorktown Community N.S.

* We have had contact for any of the following reasons:

1. The school referred a child for screening and we called or wrote for a record of their involvement.

2. An on-site screening was conducted.

3. A Home-Trainer has been working with a child they also service.

4. Our program has facilitated a child's entry into their program.

THE UNIVERSITY OF THE STATE OF NEW YORK
THE STATE EDUCATION DEPARTMENT
ALBANY, NEW YORK 12234

ASSISTANT COMMISSIONER FOR
EDUCATION OF CHILDREN
WITH HANDICAPPING CONDITIONS

DIVISION OF DEVELOPMENT SUPPORT SERVICES,
EDUCATION OF HANDICAPPED CHILDREN

INFORMATION BULLETIN # 17

August 1979

TO: *Superintendents of Public and Nonpublic Schools*
District Superintendents
Principals of Public and Nonpublic Schools
Directors of Special Education
Commissioner's Advisory Panel
Directors of Pupil Personnel Services
Superintendents of State Operated and State Supported Schools
Family Court Judges

FROM: *Richard G. Hehir* Richard G. Hehir

SUBJECT: *Family Court Petitions for Handicapped Children Below the Age of Five*

This memorandum is intended to clarify procedures, describe criteria for approval and answer questions concerning Family Court orders for handicapped children below the age of five.

Currently, the Office for Education of Children with Handicapping Conditions is responsible for administering the approval of Family Court orders under section 200.11 of the Commissioner's Regulations pursuant to section 4406 of the Education Law. The following guide outlines the basic steps involved in the process:

GUIDE FOR PETITIONING THE FAMILY COURT FOR TUITION, TRANSPORTATION AND MAINTENANCE COSTS FOR HANDICAPPED PRESCHOOLERS

1. *A new form, HC-23, has been developed that will replace the HC-2 and HC-3 forms currently being used. All information necessary for petitioning the Family Court is included on the new HC-23 form. Copies may be obtained from the Bureau of Special Program Review, State Education Department, Education Building Annex, Room 465, Albany, New York 12234.*

2. *Using the new form, parents petition the Family Court by filing the petition with the Family Court in their county of residence.*

3. *Children handicapped because of physical, mental, emotional reasons, having severe speech and language impairments, autism or specific learning disabilities as defined in the Commissioner's Regulations are eligible for tuition, transportation and maintenance costs. A school psychologist and physician must certify the child's handicapping condition on the HC-23 form.*

4. *The superintendent of the school district in which the child resides should also sign the HC-23 form.*

5. *A copy of the HC-23 form is sent to the Bureau of Special Program Review, State Education Department, Education Building Annex, Room 465, Albany, New York 12234. (Check with the Family Court in your area to see who should forward the copy.)*

6. *The State Education Department then conducts an individual review of the program for each child to insure that the program is providing the appropriate services as outlined in an Individualized Education Program.*

7. *After an appropriate review, a letter of prior approval/disapproval is sent to the Court with copies to the school district, service provider and parent.*

8. *If the Family Court Judge issues the court order (HC-4), it is then sent to the State Education Department.*

9. *After receiving the court order, the State Education Department will review the program and upon approval a certificate of approval (HC-5) is sent to the clerk of the Board of Supervisors' with copies to the Family Court, school superintendent, service provider, carrier, etc.*

10. *The vendors or agency providing services should then contact the County Board of Supervisors for information regarding the process of reimbursement.*

SUGGESTIONS TO PREVENT DELAYS

1. *File petitions promptly. This can be done before a child is enrolled in order to insure adequate time for processing. Waiting until the child has been attending for several months may unnecessarily delay payment to service providers.*

2. *Make sure all forms are completely filled out with all the necessary information, otherwise this will delay processing of the petition.*

3. *Each Family Court may have different procedures and guidelines to follow. Check with the Family Court in your county so that you are aware of these procedures.*

Over the past few months there have been numerous requests from parents and programs concerning the criteria used by the State Education Department for approval of Family Court orders and petitions for preschool handicapped children.

In an attempt to insure quality services and programs for young handicapped children, the Office for Education of Children with Handicapping Conditions has established criteria for approval of Family Court orders that will apply to all Family Court orders for handicapped children below the age of five effective September 1, 1979:

CRITERIA FOR PRIOR APPROVAL FOR FAMILY COURT PETITIONS FOR HANDICAPPED CHILDREN BELOW THE AGE OF FIVE

The following procedures must be followed for each handicapped preschool child before prior approval can be recommended to the Family Court Judge by the State Education Department:

Handicapping Condition

Children should be identified by a physician, psychologist and other appropriate professionals certified in the area most relevant to the child's handicapping condition. Wherever possible, it is encouraged that children be reviewed by the local Committee on the Handicapped in the district of residence. Children handicapped because of physical, mental, emotional reasons, having severe speech and language impairments, autism or specific learning disabilities as defined in the Commissioner's Regulations will be eligible.

Date of Birth

Preschool children identified as handicapped are eligible if they are between the ages of birth and five years and are not eligible to attend a public school program because of age. A child is eligible to attend a public school program during a school year if his fifth birthday occurs on or before the first of December of such school year.

Tuition/Transportation/Maintenance Costs

Costs must be specifically intended for the expenses for special education services for the individual handicapped child and must be comparable to local costs for similar services provided to school age handicapped children. Rates will be subject to review by the State Education Department.

Program Requirements

Programs, staffing, certification, class size and services will be reviewed on an individual basis according to the specific needs of the handicapped child identified on the petition. The following minimum requirements are necessary before approval can be granted:

- *IEP - An IEP must be developed for each child in a planning conference in accordance with the Commissioner's Regulations, no later than 30 school days after entry into the preschool program. Instructional and remedial services should be provided promptly following the development of the IEP and reviewed periodically.*

- *Certification - All teachers providing special education services must be certified in the appropriate area(s) of special education.*

- *Related Services - Must be provided by appropriately certified or licensed specialists (eg. speech therapy be a speech therapists, physical therapy by a physical therapist, etc.) for children who require such services.*

- *Least Restrictive Environment - Each child should be educated in a setting that is closest to his/her district of residence and with non-handicapped children whenever possible.*

- *Length of Day - Classroom programs must be available to the child at least a half day (2½ hours), five days per week. Exceptions regarding frequency of attendance will be reviewed on an individual basis upon receipt of supporting information from the local Committee on the Handicapped or the physician, psychologist, parents and appropriate specialists. The frequency of contacts and related services should be specified on the child's IEP based upon the individual needs of the child.*

-*Home-Based Infant (birth to 2) Programs* - *Special education services must be offered a minimum of two contact hours per week. Related services should be provided in addition to the minimum. The frequency of contacts and related services should be specified on the child's IEP based upon the individual needs of the child.*

Additional Recommendations

General information concerning curricula, staff/pupil ratio, parent involvement and support staff should be readily available. The local Committee on the Handicapped in the district of residence should be notified of each child (0-5) identified. Programs are encouraged to have the local Committee on the Handicapped review each child's placement. Programs must follow the immunization guidelines set up by the New York State Department of Health (see IMMUNIZATION: A HANDBOOK FOR SCHOOLS 1978-1979 available from Division of School Health and Pupil Services, State Education Department). Programs must follow health and safety requirements established by the State Education Department.

The process of petitioning the Family Court is often time consuming and confusing. In an attempt to clarify some of the confusion that is inherent in the process, the following Questions and Answers have been developed which reflect questions most frequently asked by parents and professionals:

QUESTIONS AND ANSWERS CONCERNING FAMILY COURT PETITIONS FOR HANDICAPPED CHILDREN BELOW THE AGE OF FIVE

Q. *What is the purpose of the Family Court Act (Section 236) regarding young handicapped children?*

A. *This section of the Family Court Act is designed to provide payment for tuition, transportation and/or maintenance costs for handicapped children who are not old enough to attend public school programs.*

Q. *What is the basic process for petitioning the Family Court?*

A. *First, parents file a written petition HC-23 with the Family Court requesting that the Court issue an order requiring that special education services be provided for the child. If the Judge issues an order it is forwarded to the State Education Department. If approved by the State Education Department, a certificate of approval for State Aid (HC-5) is issued and vendors may bill the child's county of residence which in turn bills the State of New York for 50% reimbursement.*

Q. *Who may petition the Family Court?*

A. *Parents or legal guardians may petition the Family Court by filing a petition with the Family Court in their county of residence.*

Q. *What types of public funding can be requested through the Family Court and for what types of services?*

A. *Tuition (including related services), transportation and maintenance costs for special education services.*

Q. *Do parents have to pay any part of educational and related services needed for their handicapped preschooler?*

No, they should petition for the actual costs of special education and related services through the Family Court for children below the age of five.

Q. *What is the school district's responsibility?*

A. *The school superintendent signs the HC-23 form recommending approval of the petition. This should be forwarded to the Family Court.*

Q. *Who determines whether a child is handicapped?*

A. *A physician and school psychologist must verify the child's handicapping condition on the petition.*

Q. *How does the State Education Department review Family Court petitions?*

A. *A review of the petition is conducted to determine the child's eligibility as a handicapped child below the age of five. The program is then reviewed to insure that appropriate services are being provided as outlined in an Individualized Education Program. After appropriate review of a petition or order, a letter of approval/disapproval is sent to the Family Court with copies to the school district, program and parents.*

Q. *How is the service provider paid?*

A. *The service provider is paid by the county upon completion of all required forms. Check with the County Board of Supervisors for information regarding the process of reimbursement.*

Q. *What happens if a Family Court Judge does not approve a petition?*

A. *The parents and/or representative of the program should request from the Family Court the reasons for not approving the petition. Often forms are not filled out properly, information has not been received by the Family Court, or forms are not complete. Parents should work closely with the Family Court to insure that all necessary information has been submitted. If a judge issues an order dismissing the petition, this order may then be appealed to the Appellate Division of State Supreme Court.*

Q. *What happens if a Family Court Judge issues an order and then the State Education Department disapproves reimbursement of 50 percent of the costs?*

A. *The county would be responsible for 100 percent of the ordered costs.*

If you have any questions or difficulties with the Family Court process, contact the Early Childhood Direction Center nearest you or the Bureau of Program Development at (518) 474-2251.

HISTORY:
Sub (c), repealed, L 1976, ch 853, § 5, eff July 1, 1976.

NOTE:
[1976] Subdivision c of Section two hundred and thirty-five of the family court act is obsolete.

CASE NOTES

Parents of handicapped child may not constitutionally be required to contribute to costs of tuition of such child in private educational setting, but may constitutionally be required to pay or contribute to maintenance of child in residential setting. Re Logel (1974) 78 Misc 2d 394, 356 NYS2d 775.

Whether placement of child is sought as person in need of supervision or on voluntary basis, inquiry should be made by Commissioner of Social Services as to parent's ability to contribute to cost of maintenance of her child by state. Re J. (1977) 90 Misc 2d 892, 396 NYS2d 772.

§ 236. Powers of the family court with regard to certain handicapped children

1. This section shall apply to (a) handicapped children as defined in subdivision one of section forty-four hundred one of the education law who are not eligible for educational services pursuant to article seventy-three, eighty-five, eighty-seven, eighty-eight or eighty-nine of the education law and to (b) handicapped children meeting all the criteria of subdivision one of section forty-four hundred one of the education law except that such children are under the age of five and are not entitled to attend public schools without the payment of tuition pursuant to section thirty-two hundred two of the education law and that such children are also not eligible for educational services pursuant to article seventy-three, eighty-five, eighty-seven, eighty-eight or eighty-nine of the education law.

2. Whenever such a child within the jurisdiction of the court pursuant to this section appears to the court to be in need of special educational services, including transportation, tuition or maintenance, a suitable order may be made for the education of such child in its home, a hospital, or other suitable institution, and the expenses thereof, when approved by the court and duly audited, shall be a charge upon the county or the city of New York thereof wherein the child is domiciled at the time application is made to the court for such order.

HISTORY:
Add, L 1976, ch 853, § 6, eff July 1, 1976.

REFERENCES:
This section referred to in Educ Law § 4406.
Public schools free to resident pupils; tuition from nonresident pupils, Educ Law § 3202; Apportionment of public moneys, Educ Law Art 73; Instruction of the deaf and of the blind, Educ Law Art 85; New York State school for the blind, Educ Law Art 87; New York State school for the deaf, Educ Law Art 88; Children with handicapping conditions, Educ Law Art 89; Handicapped child, definition of, Educ Law § 4401.

Law Reviews
1977 Survey of New York Law: Education Law. 29 Syracuse L Rev, No. 1, p. 103, Winter, 1978.

CASE NOTES

Statutes providing a clear and detailed administrative procedure for obtaining special education services for handicapped children must be followed before the assistance of a court may be invoked.

and then only through a proceeding brought, not in Family Court, but in Supreme Court pursuant to Article 78. Re Pavone (1976) 88 Misc 2d 675, 389 NYS2d 249.

Preschool age handicapped children were entitled to costs of tuition and transportation to private school without parental contribution. Re F. (1977) 91 Misc 2d 445, 398 NYS2d 125.

Where family court, on hearing a neglect petition, ordered students to attend public school programs for the educable mentally retarded, proper course for parents objecting to this classification was to request an evaluation by the school district authorities, and if the evaluation indicated that the placement should be modified, the parties or social services officer should request a modification of the family court order. Re D, Op Comr Ed #9574.

Support for the conclusion that the Family Court lacks the statutory authority to require parents to contribute toward the summer maintenance costs of residentially placed handicapped children (Family Ct Act, § 236) and that the Legislature never intended to require such parental contribution is found in the Federal regulations under the Education of the Handicapped Act of 1975 (US Code, tit 20, § 1401 *et seq.)* which provide that special educational services provided for residentially placed handicapped children "must be at no cost to the parents". The State statutes providing for the education of handicapped childen have been specifically developed to satisfy the eligibility requirements of the Federal law since failure by the State to comply with Federal regulations can preclude New York from receiving Federal funding for the education of handicapped children. Re K. (1977) 92 Misc 2d 681, 400 NYS2d 289.

Family Court does not have jurisdiction to issue orders for the handicapped children over the age of five who are in need of special services for the regular 10-month school year since such responsibility now falls upon the local school district and the State. Family Court jurisdiction is limited to issuance of orders for the education of such children for the summer months of July and August. Re K. (1977) 92 Misc 2d 681, 400 NYS2d 289.

The Family Court, in issuing an order directing a municipality to pay the transportation, tuition and maintenance costs for handicapped children placed in a residential school for the summer months of July and August (Family Ct Act, § 236), has no statutory authority to inquire into the financial status of the parents to determine if the parents can pay or contribute towards maintenance costs during the summer months. The financial responsibility for special educational services is apportioned between the State and the county or city (Education Law, § 4405, subd 1, pars a, b; § 4406). Nowhere in the statutory scheme is there provision for making the maintenance cost a charge upon the parents. If contribution by the parents towards maintenance of handicapped children was intended by the Legislature, provision for it could have been included in section 236 of the Family Court Act as it was clearly provided for in sections 232 and 234 which explicitly provide for consideration of the parent's financial status and ability to contribute towards the cost of medical services for handicapped children and towards the maintenance of a child placed in accordance with the rules of the State Board of Social Welfare. The absence of any such provision in either the Education Law or the Family Court Act mandates the conclusion that contribution was not to be exacted from parents of handicapped children in residential placement, whether the placement is for the noraml 10-month school year or for a full 12 months. Re K. (1977) 92 Misc 2d 681, 400 NYS2d 289.

PART 4

Law Guardians

[New sections added in this supplement]

§ 243. Designation
§ 244. Duration
§ 245. Compensation
§ 249-a. Waiver of counsel

REFERENCES:
This part referred to in §§ 741, 1043.

§ 241. Findings and purpose

REFERENCES:
Right to counsel of child transferred from the custody of the division for youth to a state school in the Department of Mental Hygiene, Exec Law § 517(2).

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